



Policy Directives and Resolutions Adopted
2017 NCSL Capitol Forum
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COMMITTEE: COMMUNICATIONS, FINANCIAL SERVICES, & INTERSTATE COMMERCE

POLICY: NCSL REQUESTS INCREASED STATE REPRESENTATION ON THE FEDERAL COMMUNICATIONS COMMISSION BROADBAND DEPLOYMENT ADVISORY COMMITTEE

TYPE: RESOLUTION

WHEREAS, states actively establish, fund and promote broadband internet policies, authorities and projects across the country;

WHEREAS, broadband is fundamental in furthering the education, economic development, and health of all Americans;

WHEREAS, states want to close the digital divide and ensure equal access to broadband internet across all regions of the state;

WHEREAS, under the Federal Communications Commission's (FCC) statutory authority, the Communications Act of 1934 and the Telecommunications Act of 1996 acknowledge the dual but collaborative role state and federal government have in providing, regulating and promoting communications services;

WHEREAS, on January 31, 2017, FCC Chairman Ajit Pai announced the formation of the Broadband Deployment Advisory Committee ("BDAC"), a federal advisory committee tasked with providing advice and recommendations to the FCC on how to identify and remove regulatory barriers to accelerate the deployment of high speed broadband internet access;

WHEREAS, FCC Chairman Pai has appointed 31 members of the BDAC, only two (2) BDAC members represent state entities, two (3) city government, and one (1) tribal;

WHEREAS, the BDAC released on November 9, 2017 draft proposals for a Model Code for States, Competitive Access to Broadband Infrastructures, Removing State and Local Regulatory Barriers, and a Model Code for Municipalities;

WHEREAS, serving as of an advisory body to the FCC, the BDAC's recommendations hold influence over FCC efforts to identify and remove regulatory barriers to broadband infrastructure deployment;

WHEREAS, the BDAC membership should equally reflect constituencies significantly impacted by the recommendations, and therefore a greater number of state government representatives should be on the BDAC;

NOW, THEREFORE, BE RESOLVED, the FCC should increase the representation of state legislators in BDAC membership;

BE IT FURTHER RESOLVED, NCSL urges the FCC to work collaboratively with states to identify methods for accelerating the deployment of high speed broadband internet access;

BE IT FURTHER RESOLVED, NCSL opposes FCC efforts to pre-empt the traditional authority of states around rights-of-way, pole attachments and policies governing telecommunications facilities;

BE IT FINALLY BE RESOLVED, to submit this resolution to the Federal Communications Commission and the Chairman, Ajit Pai.

COMMITTEE: HEALTH AND HUMAN SERVICES

POLICY: CHILD WELFARE AND FAMILY SERVICES

TYPE: DIRECTIVE

NCSL supports federal efforts to:

- (1) promote the welfare and safety of all children
- (2) protect against and prevent child abuse, neglect, or exploitation;
- (3) establish a system of family support services;
- (4) permit children to remain in their own homes or return to them whenever it is safe and appropriate, or promote kinship and guardianship placements when it is not;
- (5) promote safety, permanency, and well-being for children in a range of foster care alternatives or with adoptive families;
- (6) ensure educational stability for foster care children; and

provide training to ensure a well-qualified child welfare workforce.

NCSL believes the primary goal of child welfare services should be to support the integrity of the family unit, ensuring the safety of children, and lessening the need for long term intervention. Supportive family services are critical to reducing the number of children in the foster care system. NCSL urges the administration and Congress to continue federal support of:

- (1) programs that preserve the family unit, or reunify families after child welfare service intervention is required, and
- (2) state initiatives and creative approaches to develop cost-effective alternatives to foster care.

States must be able to rely on clear federal guidance, technical assistance, and support for training to successfully and efficiently implement a comprehensive system of child welfare services. However, states should be afforded flexibility to better administer and coordinate delivery of these programs and their various support systems, including:

- (1) children's mental health services;
- (2) the juvenile justice system; and
- (3) other programs offering Temporary Assistance for Needy Families (TANF), housing assistance, educational services, and health care delivery.

NCSL also supports federal efforts to improve judicial processes in child welfare cases and to support state efforts to sustain the integrity and efficiency of these efforts through interagency training, budgeting, planning, and conflict resolution as well as integrated data systems.

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

Foster Care

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

Specifically, NCSL urges the federal government to:

- (1) Promptly pay state claims;
- (2) Refrain from imposing stringent time limitations on the submission of state claims;
- (3) Monitor and review state performance fairly while giving states tools for improvement;

- (4) Emphasize services and other programs designed to help children at risk of foster care placement remain with their families;
- (5) Define and support the separation of states' reporting of foster care administration activities from child placement activity accounts;
- (6) Entrust states to determine when and if a congregate care setting is appropriate for foster care placement;
- (7) Allow states to prioritize custody and placement with family members over placement in a foster home with non-relatives, unless determined by the court that placement in the foster care system is in the best interest of the child. Federal funds should also be made available to support services for caretaker relatives. NCSL opposes federal actions that would eliminate federal reimbursement for relative foster care that is non-licensed or limits state flexibility in allowing a relative to care for these children;
- (8) Support states in assisting 18- to 21-year-olds who are transitioning from foster care to self-sufficiency, and offer flexibility to expand services to different ages for foster care adoption and relative guardianship. Congress should support programs like the John H. Chafee Foster Care Independence Program that funds education and training vouchers for youth aging out of foster care;
- (9) Increase the recruitment of and training for foster care and special needs adoption providers, and supportive services inclusive of respite care as appropriate;
- (10) Provide the necessary coordination of services to high risk children and families under the scrutiny of the child welfare system including:
 1. (a) Health and mental health care,
 2. (b) Drug and alcohol abuse treatment and services,
 3. (c) Education and job training services, and
- (11) Promote policies that keep children in their own communities and schools;
- (12) Not restrict state authority to determine the criteria for termination of parental rights if it should be necessary to do so; and

(13) Support states in addressing the challenges they face in meeting the needs of Native American children within the federal and tribal government requirements.

Child Welfare Workforce

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

Information Services

NCSL supports federal government efforts to develop a national information system to track data on families in the child welfare system and to solicit critical child welfare data, including outcomes for children and the impact of problems such as substance abuse and the effectiveness of treatment options.

Adoption Assistance and Services

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

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

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

Flexible Funding for Children's Services

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

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

Child Abuse and Neglect

NCSL supports early identification, intervention, and treatment of children who are victims of or at risk for child abuse, and neglect, or trafficking, and believes in the importance of efforts to reduce the incidence of neglect or physical, sexual, or emotional abuse.

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

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

Families with Addiction Treatment Needs

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

NCSL supports:

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

Family Violence

NCSL supports federal efforts assist state programs to prevent family violence, provide immediate shelter and related services to victims, and offer trauma informed training and strategies training and technical assistance to state and local agencies on program administration.

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

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

COMMITTEE: HEALTH AND HUMAN SERVICES

POLICY: NUTRITION PROGRAMS AND ASSISTANCE

TYPE: DIRECTIVE

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

SNAP: Supplemental Nutrition Assistance Program/Food Stamps

NCSL urges continued federal funding of the SNAP program at levels sufficient to provide assistance to all that are eligible or in need due to the rising cost of food. NCSL also urges the administration and Congress to continue to make SNAP and Temporary Assistance to Needy Families (TANF) block grants more compatible. In times of economic hardship, SNAP, along with other nutrition assistance programs, offers a vital safety net for low-income Americans.

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

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

SNAP Benefits and Program Design

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

1. Elimination of the annually indexed caps on excess shelter deductions to allow families to deduct high shelter costs;
2. Adoption of the formula that each October sets the benefits for food price inflation to reflect the Thrifty Food Plan for the previous June;
3. Exclusion of the first \$150 a month by a non-custodial parent paid as child support from consideration as income in determining the SNAP allotment;
4. Reevaluation of the rules concerning the value of a vehicle that a recipient may own and still receive SNAP benefits;
5. Federal support and technical assistance for state outreach;
6. Enhancement and simplification of application and eligibility determination procedures through supporting Web-based screening tools, permitting seniors and the disabled to apply at Social Security offices, and allowing use of joint applications;
7. Continuation of state options regarding child support cooperation as a condition of eligibility for SNAP. NCSL supports the elimination of the fee for SNAP recipients' child support collection efforts as a further incentive toward child support enforcement participation.
8. Continuation of state options to disqualify for SNAP eligible individuals who fail to cooperate with child support enforcement authorities or who are in arrears on child support obligation. NCSL supports this option and opposes changes that would mandate these actions permit the promotion and

acceptance of SNAP at farmers' markets and other non-grocery store, produce-oriented venues, for example: from a small farmer; and

9. Continue to support current state options regarding categorical eligibility and "heat and eat."

SNAP and Legal Immigrants

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

SNAP Employment and Training Program (SNAP E&T)

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

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

SNAP Program Quality Control (QC)/Judicial Waiver

NCSL supports the original intent of quality control, which is to provide states with a management tool to identify problems in public assistance administration and to facilitate corrective actions. However, many problems in the current system have been documented, including statistical flaws and the levying of excessive financial penalties

on states. NCSL strongly supports the move away from a system based on error rates to one that awards bonuses for accuracy. NCSL urges the federal government to improve systems related to appeals of waiver decisions and reinvestment of claims, including outcome measures of program goals.

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

Electronic Benefit Transfer and Automated Systems (EBT)

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

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

NCSL is concerned about the overestimation of savings by EBT systems. Currently, the federal government recoups savings by eliminating the creation, handling, and storage of paper coupons and through fraud reduction. NCSL discourages the federal government from over-promising savings to the states, especially those from fraud reduction, and urges further study of the impact of EBT on states. Many of the current systems are obsolete and barriers remain for states to combine their information systems across programs to increase efficiency of program delivery. This is especially problematic given current state fiscal conditions. NCSL also encourages the administration and Congress to continue initiatives around summer feeding and EBT to

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

SNAP Program Flexibility and Waivers

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

Emergency Food Assistance and Commodity Distribution

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

Child Nutrition

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

Accurate eligibility determination is important in any federal program, but efforts to ensure that only eligible children are served must not be a deterrent to program participation. NCSL supports the USDA's proposal to create a pilot program for school

districts to provide more nutritious alternatives that would allow experimentation without risk of financial loss to those schools.

WIC

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

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

School Breakfast and Lunch Programs

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

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

Summer Food Service Program for Children (SFSPC)

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

Child and Adult Care Food Program (CACFP)

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

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

Combating Childhood and Adult Obesity

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

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

Nutritional Quality Measures for Older Adults

NCSL supports the quality measures used by the Centers for Medicare and Medicaid Services (CMS) to quantify health care processes, outcomes, patient perceptions, and

systems that are associated with the ability to provide quality health care and/or that relate to “quality goals” for health care. These Medicare clinical quality measures are used to improve facilities’ treatment of patients, yet currently no quality measures have been adopted to address malnutrition.

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

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

COMMITTEE: HEALTH AND HUMAN SERVICES

POLICY: PUBLIC HEALTH

TYPE: DIRECTIVE

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

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

HEALTH DISPARITIES

The U.S. Department of Health and Human Services and its offices, institutes, and centers, including the Office of Minority Health (OMH), the CDC, National Institute of Mental Health, and the Substance Abuse and Mental Health Services Administration (SAMHSA) should work with NCSL and state policymakers to reduce and eliminate health disparities by: (1) identifying social determinants which lead to health disparities; (2) adopting the National Standards for Culturally and Linguistically Appropriate

Services in Health Care (CLAS Standards); and (3) developing standards for the collection and reporting of data on:

- (1) race, ethnicity, sex, primary language, disability status;
- (2) those living in rural and frontier areas; and
- (3) other characteristics identified by the Secretary of Health and Human Services by federally-funded health and health care programs in order to analyze and monitor health disparity trends and develop promising practices and programs to eliminate disparities, based on the data collected.

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

Funding - NCSL urges the President and Congress to maintain funding to HHS, including the CDC, OMH, and NIH, to:

- (1) implement the HHS Office of Minority Health's National Partnership for Action to End Health Disparities (NPA)'s efforts to mobilize a nationwide, comprehensive, community-driven, and sustained approach to combating health disparities, and;
- (2) expand support for the Regional Blueprints for Action, which aligns with the National Stakeholder Strategy to help guide action at the local, state, and regional levels;
- (3) augment outreach and other efforts targeting populations, including racial and ethnic minorities, at higher risk of chronic diseases and illnesses;
- (4) provide quality and efficient care;
- (5) improve health outcomes;

- (6) increase cost-effectiveness;
- (7) meet legislative, organizational, and accreditation standards; and
- (8) develop additional evidence-based prevention and interventions targeting ethnic and racial minorities.

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

HEALTH PROMOTION AND DISEASE PREVENTION

NCSL urges the administration and Congress to continue to support public health education initiatives that are culturally sensitive, language accessible, age appropriate, and written at the appropriate educational level for the audience. It is imperative that these public health education initiatives integrate (1) healthy lifestyle choices and (2) disease prevention messages and (3) strategies targeted for children, young adults, men, women, and the elderly, as well as other specifically identified populations within the community who have special healthcare concerns, needs and risks.

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

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

Preventive Health Screenings and Check-Ups - NCSL urges Congress to increase support for initiatives to promote regularized preventive health screenings and check-ups. NCSL is particularly supportive of efforts that provide information about and

promote screening for cardiovascular disease, dental disease, obesity, asthma, diabetes, and cancer. NCSL also supports efforts to ensure that children receive age-appropriate check-ups and screenings that include recommended childhood immunizations, comprehensive dental, vision and hearing screenings, and recommended follow-up treatment.

Chronic Disease Management - NCSL urges Congress to continue to support initiatives that promote the management of chronic conditions such as obesity, cardiovascular disease, dental disease, diabetes, asthma, kidney disease, mental health disorders, and a wide range of autoimmune diseases. NCSL is supportive of initiatives that provide case management services to children with one or more chronic conditions.

Oral Health - NCSL supports federal initiatives that promote oral health by encouraging individuals to have regular check-ups and to practice good oral hygiene. These initiatives should include educational activities that emphasize the importance of good dental care to overall good health. NCSL supports efforts to increase access to quality, affordable dental care, including initiatives to improve public and private sector coverage of dental services, and improve oral health literacy within the public. NCSL also urges HHS to provide states flexibility to develop innovative Medicaid dental programs to increase access to and the utilization of oral health care services.

Health Education for Health Care Professionals - NCSL supports efforts to encourage institutions that train health professionals to include in their curriculum a greater emphasis on culturally-competent health promotion and disease prevention information.

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

Technical Assistance to States to Improve the Quality, Capacity, and Access of Mental Health Services - NCSL urges HHS to provide technical assistance to states to monitor and improve the provision of mental health services to adults and children.

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

Mental Health Treatment of Children

receive treatment on medical evidence NCSL urges the federal government to support efforts to:

- (1) develop treatment protocols to be used before advancing to pharmacotherapies;
- (2) offer guidance to the primary care community on the alternatives to pharmacotherapies for mental illness in children; and
- (3) increase the pediatric mental health workforce.

VACCINES AND IMMUNIZATIONS

Childhood Immunizations - NCSL supports efforts designed to increase the overall number of children immunized. NCSL supports the use of alternative sites such as schools, community health centers, or other community settings to deliver vaccines to children when appropriate, cost effective, and convenient. NCSL urges the federal government to increase public education initiatives designed to provide parents with the most up-to-date information regarding recommended immunizations for children. NCSL also supports continued research to improve the safety and efficacy of childhood immunizations. NCSL urges the Congress and the Administration to work with states to ensure every child receives the recommended childhood immunizations and to improve immunization delivery and education funding and policies to help meet that goal. Finally, NCSL urges Congress to continue to allow states to set child vaccine coverage policy.

Adult Immunizations - NCSL urges Congress to continue efforts to increase the number of adults who receive recommended immunizations. NCSL supports and

encourages continued special efforts to ensure high-risk adults, young adults, and older adults receive all recommended immunizations.

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

WORKPLACE SAFETY AND HEALTH CARE WORKERS

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

Health Care Workers - NCSL supports the decision by the CDC to continue to permit state and local health officials to establish guidelines regarding procedures that health care workers infected with HIV or Hepatitis B should be permitted to perform. NCSL also supports the Blood-Borne Pathogen Standard rule promulgated by the Occupational Safety and Health Administration (OSHA) and the Needlestick Safety and Prevention Act.

Pandemic and All-Hazards Preparedness

State and local governments are the first line of defense against acts of bioterrorism and other public health emergencies. State legislators are committed to enhancing the ability of their states to prepare for and respond to these events. A strong partnership between states, the federal government, and other public and private non-profit entities is the best way to accomplish this goal. NCSL urges to the administration and Congress

(1) provide states, territories, and the District of Columbia with direct, sufficient and stable funding to enable them to continue to build and maintain an infrastructure to support ongoing efforts to respond to bioterrorism and other public health emergencies;

(2) pass federal funds through the states for distribution to local governments, hospitals and other entities, permitting state officials to take the lead in planning

on a regional and statewide basis and utilize federal funds in the most efficient and effective way;

(3) require grantees to collaborate with their respective states and coordinate all of their activities with the state plan;

(4) provide states the flexibility necessary to meet their diverse needs and priorities;

(5) build upon existing national and state efforts;

(6) ensure that regulations and requirements imposed on states are accompanied by sufficient funding to support implementation, both immediately and in the long term; and

(7) authorize the appropriate federal official to temporarily waive or modify the application of federal laws that may impede implementation of state plans during a bioterrorist attack or other public health emergency.

PUBLIC HEALTH AND THE ENVIRONMENT

- **Lead Poisoning** - NCSL supports federal efforts to prevent and detect lead poisoning in children. and the environment NCSL urges the federal government to continue to assist state and local health officials in addressing this serious health care problem.

Vector-Borne Illness - NCSL supports the efforts of the CDC to abate vector-borne illness, including-Chikungunya, Eastern equine encephalitis virus (EEEV), Lyme-Disease, Malaria, Rocky Mountain spotted fever, and West Nile Virus, and Zika virus—by:

(1) providing training and assistance to front-line disease surveillance and response staff;

(2) offering clinical education programs;

(3) collaborating with state and local health departments; and

(4) providing funding to states to support epidemiology and response activities addressing vector-borne disease.

Maternal and Child Health

- **Maternal and Child Health (MCH) Block Grant** - The MCH block grant allows states to meet a broad range of health services for mothers and children. In addition to formula grants to states, the set-aside for special projects of regional and national significance (SPRANS) helps states identify and address unique needs. NCSL supports the MCH block grant and urges Congress to continue to provide adequate funding. NCSL opposes efforts to transfer program responsibilities to the MCH block grant without the funding to accompany it, thereby reducing the funding available to functions currently funded through the block grant.

The Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) –

The MIECHV program facilitates collaboration and partnership at the federal, state, and community levels to improve the health of at-risk children through evidenced-based home visiting programs. NCSL supports community-based, state-federal partnerships and initiatives that working with parents and caregivers provides a supportive environment to:

(1) improve maternal and child health;

(2) promote healthy child development and school readiness;

(3) improve parenting skills; and

(4) prevent child abuse and neglect.

- NCSL urges Congress to continue financial support for the MIECHV program and to provide state flexibility in the administration of the program based on needs assessments that identify community and family vulnerabilities.
- **Universal Newborn Hearing** - The Universal Newborn Hearing Screening program provides competitive grants to states for the implementation of a

national program of universal newborn hearing screening that consists of: (1) physiologic testing prior to hospital discharge; (2) audiologic evaluation by three months of age; and (3) entry into a program of early intervention by six months of age. NCSL supports this program and urges Congress to continue to provide adequate funding.

- **Teen Pregnancy Prevention** - The federal government offers a range of programs and supports to state governments to help reduce teen pregnancies recognizing that state, tribal, and local governments are best situated to determine the best programs for their constituents. NCSL supports the full range of programs available to state, tribal, and local governments and researchers to help prevent unplanned teen pregnancies. NCSL supports continued funding for these critically important programs.