

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

POLICY DIRECTIVES AND RESOLUTIONS

**2021 Policy Week Review Call
Sept. 20-24, 2021**

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1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: SOCIAL SECURITY DISABILITY INSURANCE**

3 **TYPE OF POLICY: DIRECTIVE**

4 The National Conference of State Legislatures (NCSL) continues to support the Social
5 Security Disability Insurance (SSDI) program which provides needed income and
6 medical support for disabled Americans. NCSL is particularly supportive of: (1)
7 initiatives to accelerate the disability determination and appeals process and to assure
8 that people with intellectual disabilities have effective access to the appeals process; (2)
9 the Compassionate Allowance process that identifies conditions that are almost certain
10 to qualify an individual for SSDI coverage, shortening the eligibility process; and (3)
11 continued improvements to the Ticket to Work program.

12

13 With only a few exceptions, individuals who become eligible for SSDI due to a severe
14 disability must wait two years before they become eligible for Medicare. These are very
15 sick can be people who are severely ill with almost no health care coverage options. The
16 provisions of the Patient Protection and Affordable Care Act that become effective in
17 2014 may help some SSDI beneficiaries receive Medicare coverage, but coverage gaps
18 are likely to could continue for many. NCSL recommends that the Congress consider
19 waiving the waiting period in some cases.

1 **COMMITTEE:** HEALTH AND HUMAN SERVICES

2 **POLICY:** NCSL RECOGNIZES THE IMPACT OF "BENEFIT
3 CLIFFS"

4 **TYPE OF POLICY:** EXISTING RESOLUTION, Changing to Policy
5 Directive

6 NCSL supports efforts to minimize “benefits cliffs” or “the cliff effect,” which refers to the
7 sudden decrease in or elimination of public benefits that can occur with a small increase
8 in personal earnings. When income increases families sometimes lose some or all
9 economic supports, including Temporary Assistance for Needy Families (TANF),
10 Supplemental Nutrition Assistance Program (SNAP), Medicaid and health care, child
11 care assistance, housing and school breakfast and lunch programs.

12 NCSL strongly encourages federal partners to work with states to find a timely solution
13 that would remove barriers for individuals to enter or remain in the workforce and
14 increase their household income. NCSL supports federal efforts, in conjunction with
15 states, that would explore how to better align TANF, SNAP, Child Care and Medicaid as
16 work supports, from eligibility and enrollment to recertification, training and employment
17 – and how to better align these work supports to mitigate benefit cliffs and increase
18 family financial security.

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: ~~UNDERSERVED PEOPLE AND AREAS TO~~**
3 **~~ADDRESS HEALTH PROFESSION SHORTAGES~~**
4 **ADDRESSING HEALTH WORKFORCES**
5 **SHORTAGES TO HELP RURAL AND**
6 **UNDERSERVED POPULATIONS**

7 **POLICY TYPE: DIRECTIVE**

8
9 **National Health Services Corps**

10 ~~The National Health Services Corps (NHSC) provides medical scholarship and loan~~
11 ~~repayment assistance to health professionals in exchange for primary care service in~~
12 ~~underserved rural and urban areas after graduation. In addition to this financial~~
13 ~~assistance, state offices of rural health are funded through the NHSC and health~~
14 ~~programs such as community and migrant health centers rely on NHSC to help recruit~~
15 ~~health care professionals. The National Conference of State Legislatures supports the~~
16 ~~NHSC program and encourages Congress to continue to make the NHSC a priority~~
17 ~~program and to appropriate funds necessary to continue its important work.~~

18 ~~The goal of NHSC is to educate and recruit primary health care professionals for service~~
19 ~~in communities experiencing critical shortages of health care providers. Many of these~~
20 ~~communities consist largely of individuals with specific cultural experiences or ethnic~~
21 ~~backgrounds. These communities can present special challenges in recruiting and~~
22 ~~retaining health care providers sensitive to the particular needs of the community. The~~
23 ~~NHSC recognizes the importance of training culturally competent and responsive~~
24 ~~primary health care providers. NCSL urges Congress through the National Health~~
25 ~~Service Corps (NHSC) programs to:~~

- 26 1. develop additional mechanisms to recruit and retain minority participants;
- 27 2. augment informal efforts to match communities with specific cultural traditions
- 28 with health care providers with shared cultural experiences, or who are
- 29 specifically trained in culturally diverse community-based systems of care;

- 30 3. increase and formalize efforts to recruit and place health professionals who
31 represent racial and ethnic minorities in communities who request them;
- 32 4. improve training to encompass cultural competency that considers
33 geographical/regional differences that may affect the health delivery system;
- 34 5. more directly involve communities in the recruitment, selection and retention of
35 health care professionals through community sponsorships;
- 36 6. increase the emphasis on public/private partnerships, including faith-based
37 institutions, to enhance community involvement and contractual arrangements
38 with independent health care providers;
- 39 7. develop programs to assist remote communities, those too small for community
40 health centers, but large enough to need assistance in obtaining primary health
41 care for its citizens; and
- 42 8. provide technical assistance to states and local communities in implementing
43 NHSC programs and maximizing resources.

44

45 **The Conrad 30 State J-1 Visa Program**

46 ~~The Conrad State 30 J-1 Visa Waiver program is the most common method of obtaining~~
47 ~~a J-1 visa waiver for physicians and other health professionals willing to enter into a 3-~~
48 ~~year employment contract in a designated health professional shortage area (HPSA) or~~
49 ~~medically underserved area (MUA). The program provides for the approval of up to 30~~
50 ~~J-1 visa waivers for each state.~~

51 NCSL urges Congress to:

- 52 ▪ Permanently authorize the Conrad 30 State J-1 Visa program;
- 53 ▪ Make additional waivers in states for academic medical centers;
- 54 ▪ Increase the current cap on the number of visa waivers per state;
- 55 ▪ Allow physicians who work in underserved areas for five years (three of which
56 could be through the Conrad 30 program) would be eligible for a green card
57 through the physician National Interest Waiver (NIW) program and exempt from
58 the worldwide cap on employment-based green cards;
- 59 ▪ Allow physicians who serve in Conrad 30 "flex" spots to be eligible for the
60 National Interest Waiver (NIW) green card program.

- 61 ▪ Allow physicians who enter the country on a J visa to receive graduate medical
62 education or training with the intent to immigrate permanently; and
- 63 ▪ Allow spouses and children or physicians on J visas to be exempt from the two-
64 year home country return requirement.

65

66 **HRSA Health Professions Grants and Cooperative Agreements**

67 The Health Resources and Services Administration (HRSA), through a number of grants
68 and cooperative agreements, supports innovations and targeted expansions in health
69 professions education and training. Most of these programs focus on: (1) increasing the
70 diversity of the health care workforce; (2) preparing health care providers to serve
71 diverse population; and (3) preparing health care providers to practice in the nation's
72 medically underserved communities. NCSL urges Congress to continue to support
73 these important programs.

74

75 **Community Health Centers, Rural Health Centers and Federally-Qualified Health**
76 **Centers**

77 ~~NCSL urges Congress to continue its support of Community Health Centers, Rural~~
78 ~~Health Centers and Federally Qualified Health Centers and similar and related~~
79 ~~facilities play critical role in the health care safety net. NCSL urges Congress to~~
80 ~~continue to support these facilities.~~

81 ~~Liability Protection for Health Professional Volunteers at Community Health Centers and~~
82 ~~Rural Health Centers~~—NCSL urges Congress to adopt legislation that amends the
83 Public Health Service Act to deem a health professional volunteer providing primary
84 health care to an individual at a community health center or rural health center to be an
85 employee of the Public Health Service for purposes of any civil action that may arise
86 from providing services to patients.

87 This protection would apply when:

- 88 1. ~~4.~~ the service is provided to the individual at a community health center or rural
89 health center through offsite programs or events carried out by the center; and
- 90 2. ~~2.~~ the health care practitioner does not receive any compensation for providing
91 the service, except repayment for reasonable expenses.

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Rural Health Programs and State Rural Health Offices

NCSL urges Congress to:

- Support discretionary rural health programs that provide important health service support and resources to rural and remote areas of the country. Programs include, but are not limited to:
 - Rural health outreach grants
 - Rural health research program
 - Rural health flexibility grants
 - Telehealth programs

- ~~Discretionary rural health programs such as the rural health outreach grants, the rural health research program, rural hospital flexibility grants, the telehealth program and related grant programs provide important health service support and resources to rural and remote areas of our nation. NCSL urges Congress to continue its support of the to support these programs. The State Office of Rural Health Grant Program, first established in 1991, has spurred the development of 50 state offices by providing matching funds for their creation and by providing forums for exchanging information and strategies among states. Today's state offices provide an institutional framework that links small rural communities with state and federal resources and develops long-term solutions to rural health problems. States have become a major agent for change in rural health policy and service delivery, due in part to the work performed by the state rural health offices. NCSL urges Congress to continue to support this important program.~~

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: VETERAN'S HEALTH**

3 **TYPE OF POLICY: DIRECTIVE**

4 NCSL supports federal initiatives to improve the accessibility and quality of health care
5 services to U.S. veterans and their families. NCSL is particularly supportive of efforts to:

- 6 ▪ increase access to health care services to veterans and their families;
- 7 ▪ improve and expand mental health services both in person and remotely;
- 8 ▪ provide assistance to veterans and their families regarding the range of health
9 care services available to them and the appropriate means of accessing the
10 services;
- 11 ▪ expand and improve services to veterans who are amputees, who have
12 traumatic brain injuries or other conditions or injuries sustained during active
13 duty. NCSL urges the Department of Defense and the Department of Veterans
14 Affairs to work closely with state and local governments to when they can
15 assist in the implementation of these initiatives, including sharing information
16 with state Veteran's Departments regarding the status of veterans residing in
17 the state;
- 18 ▪ improve the operation of the Veterans Health Administration.

19

20 **Extension of TRICARE Prime to Veterans in the U.S. Commonwealths and**
21 **Territories**

22 NCSL supports the extension of TRICARE prime to American Samoa, Guam, the
23 Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico and
24 the Virgin Islands. ~~and urges the Congress to move forward on efforts to determine the~~
25 ~~feasibility and costs associated with this important extension of health care benefit.~~

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**
2 **POLICY: SOCIAL SERVICES AND SUPPORTS FOR**
3 **FAMILIES AND INDIVIDUALS**

4 **TYPE OF POLICY: DIRECTIVE**

5 ~~All the program listed under this section fall under The Office of Community Services~~
6 ~~(OCS) within the Administration of Children Families.~~

7
8 **Social Services Block Grant (SSBG)**

9 ~~The federal Social Services Block Grant (SSBG) funds are a vital part of the delivery of~~
10 ~~community and home-based services to the most vulnerable segments of society~~
11 ~~including the disabled, elderly, and children in need of protective services the states.~~

12 NCSL urges the federal government to:

- 13 • ~~F~~ fund the Social Services Block Grant (SSBG) at the level agreed to as part of
- 14 the enactment of the 1996 welfare reform act, \$2.8 billion.
- 15 • Keep ~~In addition, it is critical that~~ the amount states can transfer from their TANF
- 16 grants to the SSBG remains at least 10% and is not reduced. SSBG funds
- 17 programs that complement TANF's goal of self-sufficiency. ~~States use their~~
- 18 ~~SSBG funds to provide protective services for children and adults, adult day care,~~
- 19 ~~meal preparation and delivery for the elderly, counseling services, and serve the~~
- 20 ~~disabled in their homes, rather than in institutions, and provide child care for low-~~
- 21 ~~income working families.~~ Further reductions in funding for this grant would mean
- 22 programmatic losses and service reductions.
- 23 ~~Avoid imposing federal earmarks or set-asides within the SSBG.~~

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25

26 NCSL opposes:

- 27 • ~~e~~ Earmarking SSBG for any of the populations served by the block grant ~~;~~ ~~and~~
- 28 ~~1. avoid imposing federal earmarks or set-asides within the SSBG.~~

29

30 Finally, if Congressional proposals to substantially reduce or eliminate funding for SSBG
31 are enacted, state maintenance of effort requirements related to expected expenditures
32 from SSBG, must be removed or modified.

33

34 **Community Services Block Grant**

35 ~~The National Conference of State Legislatures~~NCSL supports full funding and
36 reauthorization of the Community Services Block Grant Act. NCSL also supports efforts
37 to improve program effectiveness and to measure program performance and
38 effectiveness.

39 **Low Income Home Energy Assistance Program (LIHEAP)**

40 ~~The cost of energy fuels makes it difficult for low income households to adequately heat~~
41 ~~or cool their homes without assistance from federal, state, and local governments. This~~
42 ~~program helps foster coordination and cooperation on the part of all levels of~~
43 ~~government and the private sector to assist low-income individuals and families meet~~
44 ~~critical heating and cooling needs.~~

45 ~~The federal energy assistance program should have two major components:~~

- 46 ~~(1) a cash assistance program to help low income households meet their~~
- 47 ~~immediate financial obligations to their energy supplier; and~~
- 48 ~~(2) a weatherization assistance and conservation education program to help low~~
- 49 ~~income households to lower energy consumption and costs.~~

50 NCSL also supports:

- 51 ~~• The use of interest subsidized loans to assist households to weatherize their~~
- 52 ~~homes.~~
- 53 ~~• NCSL supports funding~~Funding at the highest authorized level for this program.
- 54 ~~• Finally, NCSL supports federal efforts to ensure the following are maintained in~~
55 ~~the LIHEAP program:~~
 - 56 ~~○ Including all states in the funding allocation formula.~~

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- Affording states the flexibility to shape the program in a way which best suits the needs of its citizens and maintains strong state oversight of such programs.
- Targeting assistance to households with the lowest incomes and to households with infant, elderly and/or disabled members.
- Authorizing states to draw down program funds on an as needed basis.
- And prohibiting counting energy assistance payments as income for the purpose of determining eligibility and/or benefit levels in other public assistance programs.

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: HIV/AIDS PREVENTION AND TREATMENT**

3 **ACQUIRED IMMUNE DEFICIENCY**

4 **SYNDROME/HIV-INFECTION**

5 **TYPE OF POLICY: DIRECTIVE**

6 NCSL supports federal initiatives that provide needed assistance to state and local
7 governments for the prevention and treatment of HIV/AIDS and related conditions.
8 ~~treatment and care of people with AIDS and HIV infection and considers Acquired~~
9 ~~Immune Deficiency Syndrome (AIDS) and HIV-related conditions, a high priority health~~
10 ~~concern of the nation. A coordinated and intensive effort to prevent the spread of HIV-~~
11 ~~infection, develop new treatments, discover a cure, and assist people with AIDS and~~
12 ~~HIV infection in receiving needed medical and support services is critical and must be~~
13 ~~supported by the combined efforts of government, the private and voluntary sectors,~~
14 ~~business and individuals.~~

15 **Prevention and Education**

16 NCSL Supports:

17

- 18 ~~Education is a critical component of the prevention effort and must~~
19 ~~be~~ Prevention and education programs that are culturally sensitive, age
20 appropriate, evidence based, holistic, and tailored to be effective with a
21 specific audience.
- 22 ~~Federally funded family life and health education and prevention programs~~
23 ~~must include accurate information emphasizing responsible sex practices.~~
24 ~~These programs should include but not be limited to the promotion of safer~~
25 ~~sex, abstinence before marriage, monogamy after marriage and discourage~~
26 ~~illegal intravenous drug use.~~
- 27 ~~HIV prevention programs should be included in other treatment programs (e.g.~~
28 ~~substance abuse, mental health) when appropriate.~~

- 29 ▪ ~~NCSL supports and encourages~~ The ~~the~~ continuation of state flexibility with
30 respect to needle exchange programs and hopes to continue to work with the
31 federal government to develop best practices regarding the prevention of new
32 cases of HIV/AIDS, hepatitis C and other blood borne conditions ~~that arise~~
33 ~~from individuals with substance use disorders, mental health conditions and~~
34 ~~HIV/AIDs and other blood borne disease sharing needles.~~

36 Confidentiality and Civil Rights

37 NCSL supports:

- 38 ▪ ~~f~~Federal efforts to sustain the privileged state ~~privacy~~ of personal medical
39 records and ~~is~~ particularly supportive of efforts to protect individuals with
40 HIV/AIDS ~~AIDS and HIV infection~~ from experiencing discrimination in
41 employment, housing, insurance coverage and public accommodations.
42 ~~Protecting the rights of people with AIDS and HIV infection is first and~~
43 ~~foremost, however, the rights and legitimate concerns of insurers, health care~~
44 ~~professionals, and emergency response personnel must be considered in the~~
45 ~~balance.~~

47 NCSL opposes:

- 48 • ~~f~~Federal legislation that would impose ~~imposing~~ either a mandate for or a
49 prohibition of state partner notification requirements or contact disclosure or
50 tracing programs.
- 51 ▪ ~~NCSL opposes~~ ~~f~~Federal legislation that would require states to establish civil
52 and criminal penalties for the knowing transmission of HIV ~~infection~~.
53 Provisions of this sort are particularly onerous if the receipt of federal financial
54 assistance is contingent upon their passage.
- 55 ▪ Federal initiatives regarding confidentiality and civil rights ~~should~~ must enhance,
56 strengthen, and underscore the states' responsibility for action in these areas and
57 allow state flexibility in such initiatives.

60 **Counseling and Testing**

61 ~~Individuals with a history of high risk behavior or suspected exposure to HIV infection~~
62 ~~should be encouraged to be tested for HIV infection. Unfortunately, many people who~~
63 ~~are tested never return to receive their test results.~~

64 NCSL supports:

- 65 • ~~the promotion of rapid testing programs. Screening with the rapid testing~~
66 ~~method facilitates the immediate provision of information and prevention~~
67 ~~counseling because the individual being tested may receive the test results,~~
68 ~~accompanied by counseling in one appointment. NCSL also supports the~~
69 ~~use of programs and the use of rapid testing in non-medical settings when~~
70 ~~appropriate and when counseling is available and provided on-site. HIV testing~~
71 ~~is particularly important now that effective treatments are available for~~
72 ~~asymptomatic individuals with HIV infection.~~

73 ~~NCSL supports efforts to encourage obstetricians and gynecologists to urge~~
74 ~~patients to be tested. This is particularly important to bolster efforts to reduce~~
75 ~~HIV infection and AIDS in children. All physicians who serve sexually active~~
76 ~~men and women should also be enlisted to encourage their patients to be~~
77 ~~tested and should be prepared to provide educational materials to patients~~
78 ~~who request them.~~

79

80 **Health Professionals Providing HIV Treatment and Care**

81 NCSL supports:

- 82 • ~~The decision by the Centers for Disease Control and Prevention (CDC) to~~
83 ~~continue to permit state and local health officials establish guidelines regarding~~
84 ~~procedures that health care workers infected with HIV or Hepatitis B should be~~
85 ~~permitted to perform.~~

- 86 ~~NCSL also supports the~~ The Blood-Borne Pathogen Standard rule promulgated
87 ~~by the Occupational Safety and Health Administration (OSHA), and the~~
88 ~~Needlestick Safety and Prevention Act. ~~The Blood-Borne Pathogen Standard~~~~
89 ~~rule mandates the use of universal precautions in infection control and~~
90 ~~requires employers to provide workers with training, protective clothing,~~

~~engineered safety devices, puncture-proof containers for contaminated needles and medical waste, and vaccination against the Hepatitis B virus. The Needlestick Safety and Prevention Act requires employers to solicit input from employees responsible for direct patient care in the identification, evaluation, and selection of engineering and work practice controls.~~

Ryan White CARE Act

Federal grants supporting state efforts to provide prevention, care and treatment to people with at risk of or living with HIV/AIDS should provide maximum flexibility to states to enable them to develop programs that best meet the needs of their residents.

NCSL supports:

- Continued and adequate funding for states through the Ryan White C.A.R.E. Act and through cooperative agreements with the CDC and federal partners,
- Permitting states to demonstrate, in their state plan, that they have addressed the needs of all populations within their boundaries, in lieu of federal statutory mandates, and
- Ongoing federal resources to provide for the development and distribution of prevention and treatment medications. It is important the funding keep pace with the approval and availability of new prevention drugs and treatment therapies.

NCSL opposes:

- ~~The imposition of state matching or maintenance of effort requirements in these programs.~~

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

5 **TYPE OF POLICY: RESOLUTION**

6 **Guiding Principles:**

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

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

24 **Medicaid Landscape:**

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

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

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

32 **Waivers:**

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

39 **Emergency Assistance and Countercyclical Assistance:**

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

50 **Medicaid Managed Care:**

51 NCSL urges the Centers for Medicaid and Medicare Services (CMS) to work with states
52 and territories as stakeholders to continue to provide support in the operation and
53 upholding of quality standards for Medicaid managed care entities contracting with
54 states and territories.

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

- 57 ▪ Expanding care to those with complex medical needs,
- 58 ▪ improving reach and support for rural health care populations,
- 59 ▪ improving the implementation of patient-centered care and facilities,
- 60 ▪ increased integration of physical and behavioral health care services,
- 61 ▪ continued development of value-based purchasing and payments focusing on health
- 62 outcomes over number of services delivered, and
- 63 ▪ the role of community health centers, safety-net hospitals and academic medical
- 64 services in providing primary and emergency care for Medicaid enrollees.

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

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

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

- 78 ▪ support for states to develop and test systems of coverage for low-income children
- 79 and explore ways for states to share examples of best practices with each other,
- 80 ▪ eliminate any burdensome waiting periods for CHIP enrollment to ensure a reduction
- 81 in gaps of coverage for children, and
- 82 ▪ continued efforts to streamline and facilitate the CHIP and Medicaid application
- 83 process.

84

85 **Principles for Federal Health Insurance Reform**

86 States should regulate health insurance and should continue to set and provide
87 oversight on insurance matters. NCSL opposes any proposals that would expand the
88 preemption of state laws and regulations beyond those already established in the
89 Employee Retirement Income Security Act of 1974 (ERISA), the Patient Protection and
90 Affordable Care Act (ACA), and that would exempt any insurer or entity from state
91 health insurance standards and laws. Federal health insurance legislation that
92 establishes mandated benefits or uniform standards, should have inclusive state
93 feedback prior to implementation, and work to establish standards that work for all
94 states.

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

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

103 **Federal Demonstration Authority for States to Experiment with Innovative Health** 104 **Care Reform Initiatives**

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

- 107 ▪ **i**ncrease access to health care services to the uninsured or underinsured,
- 108 ▪ improve the quality and cost-effectiveness of our health care system and the flexibility
109 to test new models that do so,
- 110 ▪ increase access to the broad range of long-term care services including home and
111 community-based services (HCBS) that will enable constituents to live in their own
112 homes or communities that provide personalized and a high-quality care,
- 113 ▪ support for health insurance plans that work to integrate physical, behavioral and
114 social determinants of health with the aim of reducing costs and improving overall
115 health outcomes for individuals, and

- 116 ▪ explore a broad range of approaches and financing mechanisms to improve our
117 health care system including reinsurance programs.
- 118 ▪ Allow states to continue their work on addressing issues which include but are not
119 limited to surprise medical billing, out-of-network and in-network billing practices and
120 transparency for health care prices and health insurance plans and/or Certificate of
121 Need regulated by states. This includes programs providing patients with the
122 information they need to be an active consumer in healthcare pricing across
123 providers and services. We also encourage federal partners as they pursue any
124 changes to medical billing practices to not supersede states ongoing work or
125 authority in state regulated health plans, and to involve states in a timely way when
126 drafting any potential changes to medical billing practices and transparency along
127 with adequate time to states to implement any changes.

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: PUBLIC HEALTH**

3

4 **TYPE OF POLICY: DIRECTIVE**

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

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

22 **Health Disparities**

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

29 ~~Services in Health Care (CLAS Standards);~~ and (32) developing helping to create and
30 enhance standards for the collection and reporting of data on:

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

37

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

43

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

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

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

63
64 **Clinical Trials and Research** - NCSL urges the federal government to make every
65 effort to include more women and minorities in clinical trials and other research
66 initiatives to improve health care strategies and programs and to eliminate disparities.

67
68 **Health Promotion and Disease Prevention**

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

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

81
82 **Preventive Health and Health Services Block Grant** - NCSL urges Congress to
83 continue to support this program. ~~The Preventive Health and Health Services Block~~
84 ~~Grant provides funds to states for preventive health and health promotion activities and~~
85 ~~is the primary federal source of funding to states for health education and risk reduction~~
86 ~~activities, including cholesterol, hypertension, and cancer screenings.~~ Under this
87 program, states are given maximum flexibility to design and implement programs that
88 meet the needs of their citizens.

89

90 **Preventive Health Screenings and Check-Ups** - NCSL urges Congress to increase
91 support for initiatives to promote ~~regularized~~regular preventive health screenings and
92 check-ups. NCSL is particularly supportive of efforts that provide information about and
93 promote screening for cardiovascular disease, dental disease, obesity, asthma,
94 diabetes, and cancer. NCSL also supports efforts to ensure that children receive age-
95 appropriate check-ups and screenings that include recommended childhood
96 immunizations, comprehensive dental, vision and hearing screenings, and
97 recommended follow-up treatment.

98
99 **Chronic Disease Management** - NCSL urges Congress to continue to support
100 initiatives that promote ~~the management of~~affordable access to care and the
101 management of chronic conditions such as obesity, cardiovascular disease, dental
102 disease, diabetes, asthma, kidney disease, mental health disorders, and a wide range
103 of autoimmune diseases. NCSL is supportive of initiatives that provide case
104 management services to children with one or more chronic conditions.

105
106 **Oral Health** - NCSL supports federal initiatives that promote oral health by encouraging
107 individuals to have regular check-ups and to practice good oral hygiene. These
108 initiatives should include educational activities that emphasize the importance of good
109 dental care to overall good health. NCSL supports efforts to increase access to quality,
110 affordable dental care, including initiatives to improve public and private sector
111 coverage of dental services, and improve oral health literacy within the public. NCSL
112 also urges HHS to provide states flexibility to develop innovative Medicaid dental
113 programs to increase access to and the utilization of oral health care services.

114
115 **Health Education for Health Care Professionals** - NCSL supports efforts to
116 encourage institutions that train health professionals to include in their curriculum a
117 greater emphasis on ~~culturally-competent~~culturally competent health promotion and
118 disease prevention information.

119

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

125
126 **Technical Assistance to States to Improve the Quality, Capacity, and Access of**
127 **Mental Health Services** - NCSL urges HHS to provide technical assistance to states to
128 monitor and improve the provision of mental health services to adults and children and
129 to-
130 NCSL also urges HHS to work with the medical community to develop guidance
131 regarding behavior therapies that may replace or be used in concert with medications to
132 reduce the dependence of on psychotropic medications as the primary or sole
133 treatment.

134
135 **Mental Health Treatment of Children**
136 receive treatment on medical evidence NCSL urges NCSL encourages the federal
137 government to support efforts to:

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

143
144 **Vaccines and Immunizations**
145 **Childhood Immunizations** - NCSL supports efforts designed to increase the overall
146 number of children immunized and the NCSL supports the use of alternative sites such
147 as schools, community health centers, or other community settings to deliver vaccines
148 to children when appropriate, cost effective, and convenient. NCSL urges the federal
149 government to increase public education initiatives designed to provide parents with the

150 most up-to-date information regarding recommended immunizations for children and-
151 NCSL also supports continued research to improve the safety and efficacy of childhood
152 immunizations. NCSL urges ~~the~~ Congress and the Administration to work with states to
153 ensure every child receives the recommended childhood immunizations and to improve
154 immunization ~~delivery and education~~delivery education funding and other policies to
155 help meet that goal over the long term. Finally, NCSL ~~urges asks~~ Congress to continue
156 to allow states to set child vaccine coverage policy.

157
158 **Adult Immunizations** - NCSL urges Congress to continue efforts to increase the
159 number of adults who receive recommended immunizations and- NCSL supports and
160 encourages continued special efforts to ensure high-risk adults, young adults, and older
161 adults receive all recommended immunizations.

162
163 **Vaccine Supply** - NCSL urges the administration and Congress to provide or
164 appropriate sufficient funds to maintain a reasonable stockpile of pediatric
165 immunizations and vaccine, seasonal influenza vaccine and vaccines that may be used
166 during a ~~flu~~ pandemic so that everyone who needs an immunization can be served.

167
168 **Workplace Safety and Health Care Workers**

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

173
174 ~~**Health Care Workers** - NCSL supports the decision by the CDC to continue to permit~~
175 ~~state and local health officials to establish guidelines regarding procedures that health~~
176 ~~care workers infected with HIV or Hepatitis B should be permitted to perform. NCSL~~
177 ~~also supports the Blood-Borne Pathogen Standard rule promulgated by the~~
178 ~~Occupational Safety and Health Administration (OSHA) and the Needlestick Safety and~~
179 ~~Prevention Act.~~

180 **Pandemic and All-Hazards Preparedness**

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

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

205

206 **Public Health and the Environment**

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

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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;

- 242 3. improve parenting skills; and
243 4. prevent child abuse and neglect.

- 244
245 ▪ NCSL urges Congress to continue financial support for the MIECHV program
246 and to provide state flexibility in the administration of the program based on
247 needs assessments that identify community and family vulnerabilities.

248
249
250 **Universal Newborn Hearing** - NCSL supports this ~~the Universal Newborn Screening~~
251 program and urges Congress to continue to provide adequate funding. The Universal

252 Newborn Hearing Screening program provides competitive grants to states for the
253 implementation of a national program of universal newborn hearing screening that
254 consists of: (1) physiologic testing prior to hospital discharge; (2) audiologic evaluation
255 by three months of age; and (3) entry into a program of early intervention by six months
256 of age. ~~NCSL supports this program and urges Congress to continue to provide~~
257 ~~adequate funding.~~

258
259 **Teen Pregnancy Prevention** - The federal government offers a range of programs and
260 supports to state governments to help reduce teen pregnancies recognizing that state,
261 tribal, and local governments are best situated to determine the best programs for their
262 constituents. NCSL supports the full range of programs available to state, tribal, and
263 local governments and researchers to help prevent unplanned teen pregnancies. NCSL
264 supports continued funding for these critically important programs.