



# Policy Directives and Resolutions for Consideration

2017 NCSL Capitol Forum

Coronado, CA

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1 **COMMITTEE: COMMUNICATIONS, FINANCIAL SERVICES, &**  
2 **INTERSTATE COMMERCE**

3 **POLICY: NCSL REQUESTS INCREASED STATE**  
4 **REPRESENTATION ON THE FEDERAL**  
5 **COMMUNICATIONS COMMISSION BROADBAND**  
6 **DEPLOYMENT ADVISORY COMMITTEE**  
7

8 **TYPE: RESOLUTION**

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

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

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

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

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

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

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

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

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

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

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

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

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

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

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

3 **TYPE: DIRECTIVE**

4 NCSL supports federal efforts to:

5 (1) promote the welfare and safety of all children

6 (2) protect against and prevent child abuse, neglect, or exploitation;

7 (3) establish a system of family support services;

8 (4) permit children to remain in their own homes or return to them whenever it is safe  
9 and appropriate, or promote kinship and guardianship placements when it is not;

10 (5) promote safety, permanency, and well-being for children in a range of foster care  
11 alternatives or with adoptive families;

12 (6) ensure educational stability for foster care children; and

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

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

19 (1) programs that preserve the family unit, or reunify families after child welfare  
20 service intervention is required, and

21 (2) state initiatives and creative approaches to develop cost-effective alternatives to  
22 foster care.

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

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

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

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

### 39 **Foster Care**

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

48 Specifically, NCSL urges the federal government to:

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

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

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

#### 84 **Child Welfare Workforce**

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

#### 88 **Information Services**

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

#### 93 **Adoption Assistance and Services**

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

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

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

### 121 **Flexible Funding for Children's Services**

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

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

132

### 133 **Child Abuse and Neglect**

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



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

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

#### 144 **Families with Addiction Treatment Needs**

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

149 NCSL supports:

150 (1) Rehabilitation programs that include appropriate child care for children and  
151 addicted mothers, and federally-funded programs that do not deny access to drug  
152 and alcohol programs on the basis of pregnancy;

153 (2) Federal incentives for partnerships between substance abuse agencies and child  
154 welfare agencies to conduct cross-system training of staff, improve screening and  
155 assessment procedures, provide comprehensive treatment and prevention  
156 programs, provide after-care services, and improve data collection;

157 (3) Federally-funded programs that recognize that public policy utilizing criminal  
158 penalties instead of rehabilitation and collaborative efforts can be a disincentive to  
159 women seeking prenatal care, and these interventions must be properly funded and  
160 implemented to prevent substance use disorder before women become pregnant;  
161 and

162 (4) The use of employee assistance professionals at the worksite to help impaired  
163 employees become more productive in the workforce and in society.

#### 164 **Family Violence**

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

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

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

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: NUTRITION PROGRAMS AND ASSISTANCE**

3 **TYPE: DIRECTIVE**

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

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

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

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

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

27 **SNAP Benefits and Program Design**

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

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

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

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

## 56 **SNAP and Legal Immigrants**

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

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

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

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

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

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

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

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

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

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

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

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

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

### 108 **SNAP Program Flexibility and Waivers**

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

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

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

### 125 **Child Nutrition**

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

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

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

#### 134 **WIC**

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

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

#### 145 **School Breakfast and Lunch Programs**

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

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

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



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

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

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

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

#### 173 **Combating Childhood and Adult Obesity**

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

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

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

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

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

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

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

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: PUBLIC HEALTH**

3 **TYPE: DIRECTIVE**

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

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

21 **HEALTH DISPARITIES**

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

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

30 (1) race, ethnicity, sex, primary language, disability status;

31 (2) those living in rural and frontier areas; and

32 (3) other characteristics identified by the Secretary of Health and Human  
33 Services by federally-funded health and health care programs in order to analyze  
34 and monitor health disparity trends and develop promising practices and  
35 programs to eliminate disparities, based on the data collected.

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

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

43 (1) implement the HHS Office of Minority Health's National Partnership for Action  
44 to End Health Disparities (NPA)'s efforts to mobilize a nationwide,  
45 comprehensive, community-driven, and sustained approach to combating health  
46 disparities, and;

47 (2) expand support for the Regional Blueprints for Action, which aligns with the  
48 National Stakeholder Strategy to help guide action at the local, state, and  
49 regional levels;

50 (3) augment outreach and other efforts targeting populations, including racial and  
51 ethnic minorities, at higher risk of chronic diseases and illnesses;

52 (4) provide quality and efficient care;

53 (5) improve health outcomes;

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

58 **Clinical Trials and Research** - NCSL urges the federal government to make every

59 effort to include more women and minorities in clinical trials and other research

60 initiatives to improve health care strategies and programs and to eliminate disparities.

## 61 **HEALTH PROMOTION AND DISEASE PREVENTION**

62 NCSL urges the administration and Congress to continue to support public health

63 education initiatives that are culturally sensitive, language accessible, age appropriate,

64 and written at the appropriate educational level for the audience. It is imperative that

65 these public health education initiatives integrate (1) healthy lifestyle choices and (2)

66 disease prevention messages and (3) strategies targeted for children, young adults,

67 men, women, and the elderly, as well as other specifically identified populations within

68 the community who have special healthcare concerns, needs and risks.

69 **Healthy and Responsible Lifestyle Choices** - NCSL supports programs that promote

70 healthy lifestyle choices and reduce high-risk behaviors through education, counseling

71 and, treatment. NCSL urges the federal government to provide adequate funding for

72 these programs.

73 **Preventive Health and Health Services Block Grant** - NCSL urges Congress to

74 continue to support this program. The Preventive Health and Health Services Block

75 Grant provides funds to states for preventive health and health promotion activities and

76 is the primary federal source of funding to states for health education and risk reduction

77 activities, including cholesterol, hypertension, and cancer screenings. Under this

78 program, states are given maximum flexibility to design and implement programs that

79 meet the needs of their citizens.

80 **Preventive Health Screenings and Check-Ups** - NCSL urges Congress to increase

81 support for initiatives to promote regularized preventive health screenings and check-

82 ups. NCSL is particularly supportive of efforts that provide information about and

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

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

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

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

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

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

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

#### 118 **Mental Health Treatment of Children**

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

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

#### 125 **VACCINES AND IMMUNIZATIONS**

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

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

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

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

#### 145 **WORKPLACE SAFETY AND HEALTH CARE WORKERS**

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

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

#### 156 **Pandemic and All-Hazards Preparedness**

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

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

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



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

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

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

174 (5) build upon existing national and state efforts;

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

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

181

## 182 **PUBLIC HEALTH AND THE ENVIRONMENT**

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

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

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

193 (2) offering clinical education programs;

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

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

197 **Maternal and Child Health**

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

207 **The Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) –**  
208 The MIECHV program facilitates collaboration and partnership at the federal, state,  
209 and community levels to improve the health of at-risk children through evidenced-  
210 based home visiting programs. NCSL supports community-based, state-federal  
211 partnerships and initiatives that working with parents and caregivers provides a  
212 supportive environment to:

213 (1) improve maternal and child health;

214 (2) promote healthy child development and school readiness;

215 (3) improve parenting skills; and

216 (4) prevent child abuse and neglect.

217 • NCSL urges Congress to continue financial support for the MIECHV program and  
218 to provide state flexibility in the administration of the program based on needs  
219 assessments that identify community and family vulnerabilities.

220 • **Universal Newborn Hearing** - The Universal Newborn Hearing Screening  
221 program provides competitive grants to states for the implementation of a

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

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