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

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

- continue its support for the programs of the OAA by appropriating sufficient funding for them to meet the growing demands for the OAA programs, especially the National Family Caregiver Support Program;
- provide states with the flexibility to establish standards in this program and decide how program funds will be distributed;
- support increased efforts in the reauthorized Act to ensure that Older Americans Act programs reach low-income, minority and rural elderly households;
- increase effort to inform those eligible about services available to them under the Older Americans Act and other state and federal programs.
• **The strengthening** of state government through designated State Units on Aging **should be strengthened** to ensure that service funds under the Act are used to support independence in older populations and the most vulnerable members of the population—i.e., the very old, the frail, the isolated, and limited English-speaking individuals, with particular attention to low-income minority persons; and-

• **Provide** States must have the authority to distribute these funds based on their own criteria.

**NCSL urges Congress to provide states**

NCSL believes that states should continue to be afforded considerable flexibility in the administration of the OAA, and the authority to:

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

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

NCSL believes that participants with incomes below 125 percent federally established level of poverty, should not be subject to cost sharing. Fees collected through this
mechanism should provide for expanded services and increased availability of services to those elderly with the greatest economic and social need. This will also enhance the coordination and equity between OAA, the Social Services Block Grant, and state-financed programs that are often funded on a sliding fee scale.

**Senior Community Service Employment Program**

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

**Federal Policies on Aging**

NCSL urges Congress to:

1. preserve the financial integrity of the Social Security system;
2. eliminate all forms of age discrimination against older workers;
3. provide funds for direct services for the elderly;
4. fund the development of integrated, coordinated, community-based continued care systems to help prevent the unnecessary institutionalization of the elderly;
and
5. provide additional support for gerontological research, education and training;
and
6. and ensure the flexibility for states to use TANF funds to support programs that serve grandparents raising grandchildren.
NCSL urges Congress to continue its support of state initiatives and creative approaches in to offering high-quality and safe child care. In partnership, the state and federal governments can address the wide spectrum of needs for child care in the community offered in varied delivery settings while ensuring parent choice, quality and affordability.

Child Care Development Block Grant (CCDBG)

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

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

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

- enabling welfare families receiving public assistance recipients on wait lists to gain employment,
- ensuring that former welfare recipients families on public assistance become economically stable do not return to the welfare rolls,
- meeting the special needs of children with disabilities,
- providing care for infants and older children in after-school care, and
- ensuring access to care for children of parents who work off shift and non-traditional hours, traditional and non-traditional hours.
NCSL urges Congress and the U.S. Department of Health and Human Services (HHS) to maintain and support state flexibility when they examine and revise the CCDBG. In addition, NCSL opposes earmarking CCDBG increases in funding as they would reduce state flexibility, which is crucial to state innovation. The portion of unobligated CCDBG funds should remain consistent with congressional intent and leave the use of those funds to the discretion of the state for their CCDBG programs. NCSL urges the federal government to not withhold funding from states that choose to operate their programs under stricter standards than the federal standards.

NCSL supports the following program flexibility options for states:

- Offering differential payment rates for providers of higher quality services or who serve children with special needs;
- Permitting states discretion to govern the establishment of rules on the registration of unlicensed providers;
- Allowing parental choice of providers within a state regulatory framework;
- Permitting the inclusion of quality supply and system building activities as acceptable expenditures in addition to reimbursement;
- Permitting states to make child care services accessible to all individuals’ subject to welfare-to-work programswork requirements with federal funding support; and
- Providing states the option to extend the age of eligible children beyond age 13, especially children with special needs, to give states more flexibility to use these funds for out of school time care for older adolescents.
- Allowing states to use TANF funds to support programs that serve grandparents raising grandchildren.

Funding

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

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

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

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

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

**TANF and Child Care**

NCSL strongly supports child care as an eligible legitimate use of the Federal TANF block grant and state maintenance of effort (MOE) funds. NCSL supports state options
to transfer up to 30% of their federal TANF block grant allotments to the CCDBG. We urge the administration and the Congress to eliminate the distinction between how child care is treated for working families based on funding stream.

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

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

Standards

NCSL believes that states should retaining regulatory, licensure, and operational oversight of child care facilities. Any regulatory requirements imposed by the federal government should serve as a floor and not a ceiling, and not restrict state flexibility in determining how child care facilities should function in their jurisdictions. NCSL urges the federal agencies to support state efforts through guidance and technical assistance, particularly in regard to building a child care workforce, provider education, development of models for special needs populations, and the homeless.

Taxes and Benefits

NCSL supports options through use of federal and state tax incentives that can encourage creation of child care programs and help parents better afford child care services. NCSL supports:
• Tax credits for employers that establish, operate, supply and/or support child care programs,
• Public or private incentives for a child's primary caregiver to have the option to stay at home during the child's early developing stages;
• Tax credits for taxpayers with dependents under compulsory school age;
• Child care benefits as an option in employer-sponsored cafeteria plans, including pre-tax flexible spending accounts;
• Retention of the Dependent Care Tax Credit as it exists under current law; and
• Tax incentives to encourage individuals to establish and/or operate child care programs;
• Options that enable states to create or allow the development of public-private partnerships to strengthen the child care system.
The National Conference of State Legislatures (NCSL) supports efforts to improve the safety, and quality, access to and affordability of our nation’s drug supply including the FDA Safety and Innovation Act which: actions such as:

- Enhances the safety of the drug supply chain,
- Promoting innovation by provides incentives to drug manufacturers to develop new effective pharmacotherapies; and
- Permanently authorizes the Best Pharmaceuticals for Children Act (BPCA) and the Pediatric Research Equity Act (PREA),
- Takes initial steps to address drug shortages; and
- Provides for expedited development and review of drugs for the treatment of serious or life-threatening conditions.

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

Regulation of Internet Pharmacy—
NCSL supports Congressional actions through the Ryan Haight Online Pharmacy Consumer Protection Act to:

- Establish disclosure standards for internet pharmacies,
Prohibit dispensing of prescription drugs over the internet to persons who have not been seen by a physician prescribed a drug by a licensed health care prescriber, and

- Authorize state attorneys generals to shut down non-complying pharmacy sites by using the federal court system.

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

Importing Prescription Drugs—

NCSL supports federal efforts to contain costs and expand access to safe and effective pharmaceuticals by exploring the feasibility of importing prescription drugs from other countries. NCSL supports efforts to explore the feasibility of importing prescription drugs from other countries to move toward goal of containing costs and improving access to safe, and effective pharmaceuticals.

Personal Use Policy—

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

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

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

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

**Access to Affordable Prescription Drugs**

**State Prescription Drug Monitoring Programs**

NCSL supports the five-year reauthorization of the National All Schedules Prescription Electronic Reporting Act (NASPER) adopted in the Comprehensive Addiction and Recovery Act (CARA). NCSL is particularly interested in continued discussions to increase the effectiveness and interoperability of State Prescription Drug Monitoring Programs (PDMPs) and looks forward to working with federal partners to expand and improve the programs.
The National Conference of State Legislatures (NCSL) supports the state-federal partnership to provide nutrition assistance to those in need. State legislators are concerned about the vast numbers of hungry individuals, and particularly the severity of hunger among childhood and aging populations. The Supplemental Nutrition Assistance Program (SNAP), The Emergency Food Assistance Program (TEFAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Child Nutrition programs alleviate and prevent hunger and enable families to improve their health and be more productive at school and at work.

SNAP: Supplemental Nutrition Assistance Program/Food Stamps

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

NCSL opposes proposals that would impose costly administrative burdens and unfunded mandates on state governments, or remove state flexibility that is critical to cost-effective administration of SNAP.
NCSL supports U.S. Department of Agriculture (USDA) initiatives to provide administrative flexibility through the waiver process by allowing states to implement administrative efficiencies such as telephone interviews, utilize Combined Application projects, simplified application forms, the creation of mobile-friendly software for SNAP recipients, and develop partnerships with community stakeholder organizations to improve quality, efficiencies, and overall nutrition access. NCSL supports the additional waivers that provided increased administrative flexibility during the Covid-19 public health emergency.

**SNAP Benefits and Program Design**

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

- Elimination of the annually indexed caps on excess shelter deductions to allow families to deduct high shelter costs;
- Adoption of the formula that each October sets the benefits for food price inflation to reflect the Thrifty Food Plan for the previous June;
- Exclusion of the first $150 a month by a non-custodial parent paid as child support from consideration as income in determining the SNAP allotment;
- Reevaluation Elimination of the rules concerning the value of a vehicle that a recipient may own and still receive SNAP benefits;
- Federal support and technical assistance for state outreach;
- Enhancement and simplification of application and eligibility determination procedures through supporting Web-based screening tools, permitting seniors and the disabled to apply at Social Security offices, reduced length application forms, and allowing use of joint applications;
- Continuation of state options regarding child support cooperation as a condition of eligibility for SNAP. NCSL supports the elimination of the
fee for SNAP recipients’ child support collection efforts as a further
incentive toward child support enforcement participation.

- Continuation of state options to disqualify for SNAP eligible
  individuals who fail to cooperate with child support enforcement
  authorities or who are in arrears on child support obligation. NCSL
  supports this option and opposes changes that would mandate these
  actions:
  - permit the promotion and acceptance of SNAP at farmers’ markets and
    other non-grocery store, produce-oriented venues, for example: from a
    small farmer; and
  - Continue to support current state options regarding categorical
    eligibility and "heat and eat."

SNAP and Legal Immigrants

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

SNAP Employment and Training Program (SNAP E&T)

NCSL supports the objectives of self-sufficiency promoted by the SNAP Employment
and Training program (SNAP E&T), and will work with the federal government toward
that goal. NCSL urges the administration and Congress to allow states flexibility to
create, fund, and integrate SNAP E&T programs with similar state programs, particularly
TANF and the Workforce Innovation and Opportunity Act (WIOA). NCSL also supports
program simplification and coordination between TANF and the SNAP.
In addition, NCSL appreciates the USDA’s willingness to grant states waivers of the three-month time limit for non-working able-bodied adults without dependents rule in areas impacted by high unemployment and USDA’s technical assistance to states.

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

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

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

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

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

NCSL believes that states should be allowed to negotiate the terms of EBT with food marketers, farmers’ markets, and financial institutions. NCSL opposes preemption of state laws that govern financial institutions pertaining to a nationwide EBT system. As additional income support programs are added to EBT systems that are state-only or state-federally governed, the federal government must not preempt state benefits law.
NCSL is concerned about the overestimation of savings by EBT systems. Currently, the federal government recoups savings by eliminating the creation, handling, and storage of paper coupons and through fraud reduction. NCSL discourages the federal government from over-promising savings to the states, especially those from fraud reduction, and urges further study of the impact of EBT on states. Many of the current systems are obsolete and barriers remain for states to combine their information systems across programs to increase efficiency of program delivery. This is especially problematic given current state fiscal conditions.

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

**SNAP Program Flexibility and Waivers**

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

**Emergency Food Assistance and Commodity Distribution**

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

Child Nutrition

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

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

WIC

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

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

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

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

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

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

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

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

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

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

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

Nutritional Quality Measures for Older Adults

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

NCSL also supports establishing malnutrition care as a measure of quality health care. NCSL urges the administration and Congress to support state efforts to reduce malnutrition in the elderly and heighten awareness of nutrition in elderly communities. In 2016, CMS introduced four electronic clinical quality measures that would cover screening for malnutrition, assessment of those screened as at-risk for malnutrition, diagnosis of malnutrition, and creation of a nutrition care plan. NCSL urges CMS to
adopt quality measures on malnutrition to heighten the importance of identification, evaluation, and treatment of malnutrition in the elderly.
The development of a comprehensive approach to provide support services for elderly persons and persons with disabilities is critical. Without the development of such a system, long-term care expenditures will continue to overwhelm state and federal health care budgets, limiting necessary expenditures for primary and preventive health care.

NCSL supports:

- States should be given new options for setting financial and functional criteria to qualify for these services. In addition, NCSL supports the development of expanded options for private long-term care insurance, flexible life insurance products, and home equity sharing programs, such as reverse annuity mortgages.

- NCSL also supports initiatives to provide incentives for employers to offer and for individuals to establish health savings accounts and other innovative financing options to pay for a broad range of supportive services.

- Finally, much of the care provided to seniors and persons with disabilities today is provided by family members. NCSL supports efforts to assist family members who are caregivers, including tax incentives and programs that provide support services, such as respite care. It is critically important to acknowledge the important role of family caregivers as part of the continuum of care in the provision of long-term care services and to provide needed support to maintain this important component of our long-term care infrastructure.

Increasing Options for Home and Community-Based Care
NCSL continues to support the development of more home and community-based options under Medicaid to provide and integrate long term care services. NCSL supports the federal government States should be encouraged to develop innovative programs to improve the long-term care system. NCSL urges the Administration and Congress to work with states to develop assessment tools that will help states better identify what level of services individual clients need and the most appropriate settings for the client to receive care and these assessments should be made available to all elderly persons and persons with disabilities to help them plan for their long-term care needs.

**Long Term Care Insurance**

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

**Administration for Community Living**

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

The purpose of this consolidation is to: (1) reduce the fragmentation among federal programs that address the community living service and support needs of seniors and persons with disabilities; (2) enhance access to quality health care and long-term services and supports for all individuals; (3) to promote consistency in community living policy across other areas of the federal government; and (4) complement the community infrastructure, as supported by both Medicaid and other federal programs, in an effort to better respond to the full spectrum of needs of seniors and with disabilities.

In addition to programs authorized by the Older Americans Act, the new entity includes the State Councils on Developmental Disabilities, the State Protection and Advocacy Systems and the Help American Vote Act program that provides grants to make polling places accessible to voters with disabilities.

Alzheimer's Disease and Related Disorders

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

National Plan to Address Alzheimer’s Disease - The Plan proposes to: (1) prevent and effectively treat Alzheimer’s Disease by 2025; (2) optimize care quality and efficiency; (3) expand supports for persons with Alzheimer’s Disease and their families; (4) enhance public awareness and engagement; and (5) track progress and drive improvement. The plan specifically calls for working with state, tribal and local governments to improve coordination and to identify model initiatives to advance Alzheimer’s Disease awareness and readiness across all levels of government. The plan directs the U.S. Department of Health and Human Services to convene a meeting of state, tribal and local government leaders to develop a more concrete agenda. NCSL looks forward to assisting in this effort.
NCSL strongly supports a secure interoperable system of electronic health information for the United States that:

- supports interoperability, not uniformity;
- makes security of the data a priority;
- provides strong consumer protections;
- establishes severe penalties for individuals or entities that compromise information in the system; and
- makes every effort to make the system available and affordable to the widest possible range of providers and consumers.

NCSL supports strong protections in circumstances where non-health care professionals need access to personal health care data. This includes requiring law enforcement representatives to have a court order to obtain information from an individual’s medical record, recognizing legal exceptions that exist. This also includes retaining and strengthening existing research protocols and confidentiality standards for health care researchers.

NCSL also supports the establishment of grant, loan and demonstration programs to provide financial and technical support to health care providers, state and local governments, and other entities that will play a key role in the development and successful operation of an interoperable health information system. States must be permitted to supplement federal financial support to physicians and hospitals with state grant or loan programs for up to 100 percent of costs. It is critical that publicly financed programs such as Medicaid and Medicare become active participants in the system and that creating this capacity be a priority within the federal budget.
Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Under the provisions of HIPAA, federal law supersedes state law, except when the Secretary of the Department of Health and Human Services determines that the state law is necessary:

- to prevent fraud and abuse;
- to ensure the appropriate state regulation of insurance or health plans; and
- for addressing controlled substances, or for other purposes.

NCSL supports a broad interpretation of this provision that would result in limited preemption of state laws. Federal legislation should provide a floor, not a ceiling and only preempt state laws that are less protective.

NCSL also supports:

- administrative simplification provisions of HIPAA. All affected entities, must be afforded adequate time to implement changes to these provisions; and
- Federal and state governments sharing information; however, confidentiality of medical records and information must be protected.

With the approval of this new policy directive, two existing policy directives will sunset – Health Insurance Portability and Accountability Act and Health Information Technology.
Guiding Principles:
The underlying goal of the Medicaid program should be to achieve mutually agreed upon goals, improved outcomes for patients, and flexibility in administration of programs and savings for states, territories and local governments. NCSL supports accountability and transparency from their federal partners and welcomes public feedback and participation in Medicaid oversight and we also understand that flexibility requires accountability and transparency on their part. We ask the federal government to consider that not all state legislative sessions are on a year-round basis, and ask them to be sensitive to state, territories and local governments’ legislative schedules and resources when making changes to Medicaid programs.

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

Medicaid Landscape:
NCSL sees the following Medicaid issues as most pertinent to states, territories and local governments:
Block Grant and Cost Shifting Proposals:
When Congress and the Administration are exploring block grant programs, flexibility needs to be a key principle. Any proposals should refrain from establishing unfunded mandates and any cost shifting requirements for implementing a block grant program in states and territories.

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

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

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

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

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

**Children's Health Insurance Program (CHIP):**

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

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

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

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

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

Federal Demonstration Authority for States to Experiment with Innovative Health Care Reform Initiatives
NCSL supports federal initiatives to provide financial assistance and to authorize states to experiment with innovative approaches to:
- increase access to and affordability of health care services, including mental health, to the uninsured or underinsured,
• improve the quality and cost-effectiveness of our health care system and the
flexibility to test new models that do so,
• increase access to the broad range of long-term care services including home
and community-based services (HCBS) that will enable constituents to live in
their own homes or communities that provide personalized and a high-quality
care,
• support for health insurance plans that work to integrate physical, behavioral
and social determinants of health with the aim of reducing costs and improving
overall health outcomes for individuals, and
• explore a broad range of approaches and financing mechanisms to improve
our health care system including reinsurance programs.

Allow states to continue their work on addressing issues which include but
are not limited to surprise medical billing, out-of-network and in-network billing
practices and transparency for health care prices and health insurance plans
and/or Certificate of Need regulated by states. This includes programs
providing patients with the information they need to be an active consumer in
healthcare pricing across providers and services. We also encourage federal
partners as they pursue any changes to medical billing practices to not
supersede states ongoing work or authority in state regulated health plans,
and to involve states in a timely way when drafting any potential changes to
medical billing practices and transparency along with adequate time to states
to implement any changes.

Expires August 2022
Global Health Equity Week 2021 (GHEW) is an annual event that took place on October 24-28, 2021. GHEW provides key public and private health and information technology stakeholders an opportunity to convene around the country in support of the advancement of health equity and to promote the value and potential of health information and technology to transform the public’s overall health and well-being. Initiated in 2006 by HIMSS as National Health IT Week, Global Health Equity Week has emerged as the culminating successor given the importance of health equity to our national health improvement agenda. The week serves as a landmark annual occasion for bringing together diverse global policymakers to affect change in the following areas:

1. Maternal Health – 2021 Global Health Equity Network Spotlight
2. Pandemic Response
3. Digital Literacy
4. Digital Health Equity
5. Public Health Data Modernization
6. Telehealth and Broadband Access

The National Conference of State Legislatures (NCSL) has worked closely with HIMSS and other stakeholder organizations to promote understanding among state policymakers of the contributions of health IT in meeting the quadruple aim for improving health outcomes, the quality and safety of healthcare delivery, containing healthcare costs, and improve the work life of health professionals. Moreover, NCSL applauds HIMSS for elevating the value of health IT in addressing social determinants of health through the annual Global Health Equity Week events. NCSL and other stakeholders recognize the importance of health information technology and data to
ensure states become more resilient to public health threats like COVID-19, the opioid crisis, natural disasters, and chronic diseases that greatly affect our most vulnerable communities. NCSL and HIMSS support state actions to leverage health IT and data systems to achieve these goals. For instance, broadband access and connected health often lead to better health outcomes through the adoption of telehealth and digital decision-making tools essential to empowering people to engage in their own care – care that is value-based, secure, reliable, and that takes into account the social determinants that drive improved outcomes and reduced health disparities.

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

Expires August 2022
WHEREAS, state legislators are committed to improving the supporting our nation’s health, economy and national security and to combatting the negative impacts of childhood hunger and food insecurity on their health, academic performance and overall well-being of America’s children through the reauthorization of the Child Nutrition and WIC Reauthorization Act; and

WHEREAS, federal child nutrition programs are critical for our nation’s health, economy and national security; and

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

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

WHEREAS, school nutrition programs offer the opportunity to provide healthy food and improve dietary quality for students who may otherwise not eat; and school meals in particular, can have a positive impact on grades, absenteeism and tardiness among students; and

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

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

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

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

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

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

WHEREAS, the SEBTC Program reaches children who most need additional food support over summer and school breaks and is proven to reduce food insecurity among children; and
WHEREAS, non-congregate meal delivery options were critical during the COVID-19 pandemic, especially critical in distributing meals to children in rural and hard-to-reach communities, or where and areas with transportation challenges make it difficult, offering a blueprint for programs more effective summer meals operations in the future; and

WHEREAS, the Community Eligibility Provision (CEP) offers eligible schools the ability to serve breakfast and lunch to distribute meals to all students at a localized site; and no cost, increasing food security and academic outcomes, while also allowing schools to eliminate the collection of paper applications, reduce administrative costs, and streamline meal service operations; and

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

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

WHEREAS, a proven barrier to continued participation persistent barriers prevent eligible women and children from participating in the WIC Program is unavailability, including a lack of remote appointments, short certification periods, and lack of flexibility limited flexibilities in food purchasing, ordering, and delivery; and

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

WHEREAS, Congress has a unique opportunity to improve access and child nutrition programs for millions of children, particularly those of low-income children, thereby improving child nutrition, school readiness, and well-being, through the 2021 Child Nutrition Reauthorization (CNR) bill, by making permanent the COVID-19 waiver flexibilities that help to better reach children and by including provisions that would increase access and reach more kids through streamlining, reducing administrative burdens, and providing program flexibility, giving them the access to quality meals that they have during the school year; and

WHEREAS, an adequately funded and evidence-based reauthorization bill can reduce childhood hunger and food insecurity in America, help reduce childhood obesity, improve child nutrition and health, and enhance healthy child development and school readiness; allowing children to reach their full potential; and Child Nutrition Reauthorization (CNR) process.

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

BE IT FURTHER RESOLVED, that the National Conference of State Legislatures urges Congress to permanently authorize the operation of the SEBTC program, make program funding mandatory and expand the reach of the program to kids eligible for free or reduced-price school meals in all states, tribal nations and localities in order to close the summer meals gap; and
BE IT FURTHER RESOLVED, that the National Conference of State Legislatures urges Congress to allow for more flexibility around where children are able to access and eat summer meals, by allowing for non-congregate models in communities where summer meals sites are not available and lowering the threshold required to operate sites open to all children; and

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

BE IT FURTHER RESOLVED, that the National Conference of State Legislatures urges Congress to permanently authorize the P-EBTPEBT system beyond the COVID-19 pandemic, allowing authorities to quickly deliver increased nutritional aid during times of declared emergencies; and

BE IT FURTHER RESOLVED, that the National Conference of State Legislatures urges Congress to increase the flexibility of WIC appointments-cash value benefit for fruits and vegetables and support improved, equitable access to WIC through increased access to remote appointments and extended certification periods as well as to support equitable access to the WIC food package through and modernization efforts that increase access to like remote appointments, online ordering, online and purchasing, and delivery; and

BE IT FURTHER RESOLVED, that the National Conference of State Legislatures urges Congress to invest in the ability and resources of states to provide access to healthy and affordable meals before, during and after school for all children, all year long; and
BE IT FURTHER RESOLVED, that the National Conference of State Legislatures urges Congress to protect, strengthen and improve the child nutrition programs through a Child Nutrition and WIC Reauthorization Act that builds on the Healthy, Hunger Free Kids Act of 2010 to ensure that children continue to have access to nutritious meals throughout the year; and

BE IT FURTHER RESOLVED, that the National Conference of State Legislatures supports the enactment of a Child Nutrition and WIC Reauthorization Act that ensures low income children’s improved access to and participation in child nutrition programs, and, that it includes through the policy goals stated above.
COMMITTEE: HEALTH AND HUMAN SERVICES

POLICY: SUPPORTING FEDERAL LEGISLATION TO EMPOWER STATES TO PROTECT CHILDREN AND YOUTH IN RESIDENTIAL CARE

TYPE: PROPOSED RESOLUTION

WHEREAS, congregate care residential facilities include but are not limited to programs such as wilderness programs, residential treatment facilities, psychiatric residential treatment facilities, therapeutic boarding schools, special education schools, intermediate care facilities for children with intellectual and developmental disabilities and group homes; and

WHEREAS, an estimated 120,000-200,000 children and youth are placed in residential facilities each year by state child welfare and juvenile justice systems, mental health providers, refugee resettlement agencies, school district special education programs, and by parents; and

WHEREAS, the majority of these programs are not licensed by any health care agency and as such the children are not protected by the licensure requirements imposed on licensed health care providers; and

WHEREAS, some residential facilities still operate without any licensure at all; and

WHEREAS, many of these programs advertise treatment despite the lack of licensed health care licensure or eligibility for Medicaid or private insurance reimbursement; and

WHEREAS, the current regulatory and licensure framework makes it difficult for state agencies, parents and medical professionals to distinguish between high quality evidence based facilities and dangerous programs that exploit youth; and

WHEREAS, an estimated $23 billion dollars of public funds are annually used to place youth in residential programs and facilities and the cost per child, per day for residential treatment ranges from $250-$800; and
WHEREAS, many of these placements are funded solely by State General Funds or
private funds from parents and as such are not subject to the conditions of participation
under Medicaid or utilization review by commercial insurance; and

WHEREAS, children and youth are frequently placed in facilities outside their own state
of residence; and

WHEREAS, the placement of children and youth across state lines creates uncertainty
about jurisdiction, definitions of abuse and neglect and accountability measures for
individuals or entities that engage in abuse or neglect of children in residential facilities;
and

WHEREAS, state child welfare and juvenile justice agencies, journalists, and thousands
of residential congregate care facility survivors have reported pervasive physical,
emotional and sexual abuse, including hitting and choking, sexual assault, harassment,
grooming, food and/or sleep deprivation, solitary confinement, inappropriate and
punitive use of physical and chemical restraints, restricted access to bathrooms, forced
labor, the use of attack therapy, sexual shaming and/or forced sexualized behavior as
part of “treatment”; and

WHEREAS, news reports document more than 350 child deaths at these facilities and
there are additional deaths not reported to the media; and

WHEREAS, children and youth in many residential facilities are routinely prohibited
from communicating with parents, lawyers or child protection and advocacy agencies or
are subject to monitoring of such communications; and

WHEREAS, the 2008 Government Accountability Office report "Residential Programs:
Selected Cases of Death, Abuse, and Deceptive Marketing" found that “ineffective
management and operating practices, in addition to untrained staff, contributed to the
death and abuse of youth”; and

WHEREAS, the 2021 National Disability Rights Network’s report showed that "Physical
abuse, often masked as punishment or a control tactic, is not uncommon in [residential
facilities"] and that “children in [residential facilities] report sexual assault at the hands of staff”; and

WHEREAS, that same report found youth lacked “adequate access to clean water and proper sanitation & have limited recreational space… and some youths report that they are unable to obtain academic credit for education completed at [residential facilities], putting them at a significant disadvantage upon return to their communities.”; and

WHEREAS, the 2021 “Away From Home” study conducted by the nonprofit Think of Us surveyed 78 youth with recent lived experience in residential placements who reported that institutions failed to meet the mandate of child welfare, were carceral, punitive, traumatic and unfit for healthy child and adolescent development; and

WHEREAS, the 2022 Government Accountability Office report “HHS Should Facilitate Information Sharing Between States to Help Prevent and Address Maltreatment in Residential Facilities,” was conducted because “news media have reported several incidents of youth being maltreated by staff employed at residential facilities... Little information is publicly available about incidents of maltreatment in federally funded residential treatment facilities for youth;” and

WHEREAS, the GAO subsequently recommended that the Department of Health and Human Services, in consultation with the Department of Education, facilitate information sharing among and between states on promising practices for preventing and addressing maltreatment in residential facilities; and

WHEREAS, lack of clear national standards for licensing, oversight, abuse investigation and child abuse definitions have left States without needed authority and necessary information to appropriately oversee residential facilities for children and youth; and

WHEREAS, Senators Jeff Merkley (D-Oregon) and John Cornyn (R-Texas) and Representatives Ro Khanna (D-California) and Buddy Carter (R-Georgia) will be introducing federal legislation, currently referred to as the “Stop Institutional Child Abuse
Act” to assist states in protecting children and youth from abuse in residential facilities; and

WHEREAS, states need access to information about best practices, facility safety and quality and mechanisms to hold contractors to account for state funded services that fail to meet contract standards and harm children and youth; and

WHEREAS, youth residential providers need clear and consistent nationwide standards for accountability, oversight and quality service delivery to elevate the quality of services for children and youth; and

WHEREAS, children and youth in residential facilities deserve basic protections against all forms of abuse and neglect; access to an appropriate education and necessary medical care; freedom from inappropriate physical, mechanical or chemical restraint; freedom from solitary confinement, forced silence or restricted communication with trusted caregivers including parents, state agencies, advocacy organizations and first responders; and the freedom to report mistreatment anonymously without fear of reprisal;

NOW, THEREFORE, BE IT RESOLVED, that the National Conference of State Legislatures urges Congress to pass the bipartisan legislation currently referred to as the “Stop Institutional Child Abuse Act” to provide children and youth with protection from all forms of abuse and to empower States to demand accountability from providers to whom they entrust their children through greater oversight, transparency and accountability for residential care.
WHEREAS, the 2020 Families First Coronavirus Response Act provided, retroactive to Jan. 1, 2020, each qualifying state and territory a 6.2 percentage point increase in the Federal Medical Assistance Percentage, through the last day of the calendar quarter in which the public health emergency (PHE) is declared by the Secretary of Health and Human Services;

WHEREAS, it has been reported that state Medicaid agencies project the share of state Medicaid spending will increase in fiscal year 2023 by 14 percent.¹

WHEREAS, the 2021 non-emergency FMAP rates ranged from a low of 50 percent for 13 states to a high of 77.76 percent, not including the majority of the territories being at 83 percent; ²

WHEREAS, in 2021 the average non-emergency FMAP rate was 63.88, not including the territories;

THEREFORE, BE IT RESOLVED, NCSL urges Congress to make permanent the 6.2 percentage point increase in the Federal Medical Assistance Percentages to each qualifying state and territory.