NCSL STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES

POLICY DIRECTIVES AND RESOLUTIONS

2021 NCSL Summit

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COMMITTEE: **HEALTH AND HUMAN SERVICES**

POLICY: **SOCIAL SECURITY DISABILITY INSURANCE**

TYPE OF POLICY: **DIRECTIVE**

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

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

COMMITTEE: **HEALTH AND HUMAN SERVICES**

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

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

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

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

COMMITTEE: **HEALTH AND HUMAN SERVICES**

POLICY: ~~**FEDERAL FUNDING TO ASSIST STATES TO IMPROVE SERVICES FOR UNDERSERVED PEOPLE AND AREAS TO ADDRESS HEALTH PROFESSION SHORTAGES**~~**ADDRESSING HEALTH WORKFORCE SHORTAGES TO HELP RURAL AND UNDERSERVED POPULATIONS**

POLICY TYPE: **DIRECTIVE**

NCSL supports federal efforts to address health workforce shortages. In particular:

National Health Services Corps

~~The National Health Services Corps (NHSC) provides medical scholarship and loan repayment assistance to health professionals in exchange for primary care service in underserved rural and urban areas after graduation. In addition to this financial assistance, state offices of rural health are funded through the NHSC and health programs such as community and migrant health centers rely on NHSC to help recruit health care professionals. The National Conference of State Legislatures supports the NHSC program and encourages Congress to continue to make the NHSC a priority program and to appropriate funds necessary to continue its important work.~~
~~The goal of NHSC is to educate and recruit primary health care professionals for service in communities experiencing critical shortages of health care providers. Many of these communities consist largely of individuals with specific cultural experiences or ethnic backgrounds. These communities can present special challenges in recruiting and retaining health care providers sensitive to the particular needs of the community. The NHSC recognizes the importance of training culturally-competent and responsive primary health care providers.~~ NCSL urges Congress through the National Health Service Corps (NHSC) programs to:

1. develop additional mechanisms to recruit and retain minority participants;
2. augment informal efforts to match communities with specific cultural traditions with health care providers with shared cultural experiences, or who are specifically trained in culturally diverse community-based systems of care;
3. increase and formalize efforts to recruit and place health professionals who represent racial and ethnic minorities in communities who request them;
4. improve training to encompass cultural competency that considers geographical/regional differences that may affect the health delivery system;
5. more directly involve communities in the recruitment, selection and retention of health care professionals through community sponsorships;
6. increase the emphasis on public/private partnerships, including faith-based institutions, to enhance community involvement and contractual arrangements with independent health care providers;
7. develop programs to assist remote communities, those too small for community health centers, but large enough to need assistance in obtaining primary health care for its citizens; and
8. provide technical assistance to states and local communities in implementing NHSC programs and maximizing resources.

The Conrad 30 State J-1 Visa Program

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

NCSL urges Congress to:

- Permanently authorize the Conrad 30 State J-1 Visa program;
- Make additional waivers in states for academic medical centers;
- Increase the current cap on the number of visa waivers per state;
- Allow physicians who work in underserved areas for five years (three of which could be through the Conrad 30 program) would be eligible for a green card

through the physician National Interest Waiver (NIW) program and exempt from the worldwide cap on employment-based green cards;

- Allow physicians who serve in Conrad 30 "flex" spots to be eligible for the National Interest Waiver (NIW) green card program.
- Allow physicians who enter the country on a J visa to receive graduate medical education or training with the intent to immigrate permanently; and
- Allow spouses and children or physicians on J visas to be exempt from the two-year home country return requirement.

HRSA Health Professions Grants and Cooperative Agreements

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

Community Health Centers, Rural Health Centers and Federally-Qualified Health Centers

NCSL urges Congress to continue its support of ~~C~~community ~~H~~health ~~C~~centers, ~~R~~rural ~~H~~health ~~C~~centers and Federally Qualified Health Centers and similar and related facilities play critical role in the health care safety net. ~~NCSL urges Congress to continue to support these facilities.~~

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

This protection would apply when:

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

Rural Health Programs and State Rural Health Offices

NCSL urges Congress to:

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

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

Workforce Training (new amendment introduced)

122 NCSL urges Congress to consider legislation that will promote cultural
123 competency training for health care providers, thus helping to decrease the
124 racial, ethnic, gender language, disability and socio-economic disparities
125 apparent today within health care.

COMMITTEE: HEALTH AND HUMAN SERVICES

POLICY: VETERAN'S HEALTH

TYPE OF POLICY: DIRECTIVE

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

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

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

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

COMMITTEE: **HEALTH AND HUMAN SERVICES**

POLICY: **SOCIAL SERVICES AND SUPPORTS FOR FAMILIES AND INDIVIDUALS**

TYPE OF POLICY: **DIRECTIVE**

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

Social Services Block Grant (SSBG)

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

NCSL urges the federal government to:

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

NCSL opposes:

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

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

Community Services Block Grant

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

Low Income Home Energy Assistance Program (LIHEAP)

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

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

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

NCSL also supports:

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

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

66

COMMITTEE: HEALTH AND HUMAN SERVICES

POLICY: HIV/AIDS PREVENTION AND TREATMENT ACQUIRED IMMUNE DEFICIENCY SYNDROME/HIV-INFECTION

TYPE OF POLICY: DIRECTIVE

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

Prevention and Education

NCSL Supports:

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

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

Confidentiality and Civil Rights

NCSL supports:

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

NCSL opposes:

- ~~f~~Federal legislation that would impose ~~imposing~~ either a mandate for or a prohibition of state partner notification requirements or contact disclosure or tracing programs.
- ~~NCSL opposes f~~Federal legislation that would require states to establish civil and criminal penalties for the knowing transmission of HIV. ~~-infection.~~ Provisions of this sort are particularly onerous if the receipt of federal financial assistance is contingent upon their passage.

- Federal initiatives regarding confidentiality and civil rights ~~should~~ must enhance, strengthen, and underscore the states' responsibility for action in these areas and allow state flexibility in such initiatives.

Counseling and Testing

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

NCSL supports:

- ~~-~~T~~t~~he promotion of rapid testing ~~programs. Screening with the rapid testing method facilitates the immediate provision of information and prevention counseling because the individual being tested may receive the test results, accompanied by counseling in one appointment. NCSL also supports the use~~programs and the use of rapid testing in non-medical settings when appropriate and when counseling is available and provided on-site. ~~HIV testing is particularly important now that effective treatments are available for asymptomatic individuals with HIV-infection.~~
  ~~NCSL supports efforts to encourage obstetricians and gynecologists to urge patients to be tested. This is particularly important to bolster efforts to reduce HIV-infection and AIDS in children. All physicians who serve sexually active men and women should also be enlisted to encourage their patients to be tested and should be prepared to provide educational materials to patients who request them.~~

Health Professionals Providing HIV Treatment and Care

NCSL supports:

- ~~t~~The decision by the Centers for Disease Control and Prevention (CDC) to continue to permit state and local health officials establish guidelines regarding procedures that health care workers infected with HIV or Hepatitis B should be permitted to perform.
- ~~NCSL also supports the~~The Blood-Borne Pathogen Standard rule promulgated by the Occupational Safety and Health Administration (OSHA)~~.~~ and the Needlestick Safety and Prevention Act. ~~The Blood-Borne Pathogen Standard rule mandates the use of universal precautions in infection control and requires employers to provide workers with training, protective clothing,~~

92 ~~engineered safety devices, puncture-proof containers for contaminated~~
93 ~~needles and medical waste, and vaccination against the Hepatitis B virus. The~~
94 ~~Needlestick Safety and Prevention Act requires employers to solicit input from~~
95 ~~employees responsible for direct patient care in the identification, evaluation,~~
96 ~~and selection of engineering and work practice controls.~~
97

98 **Ryan White CARE Act**

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

102 NCSL supports:

103 ▪ Continued and adequate funding for states through the Ryan White C.A.R.E.
104 Act and through cooperative agreements with the CDC and federal partners,
105 ▪ Permitting states to demonstrate, in their state plan, that they have addressed
106 the needs of all populations within their boundaries, in lieu of federal statutory
107 mandates, and
108 ▪ Ongoing federal resources to provide for the development and distribution of
109 prevention and treatment medications. It is important the funding keep pace
110 with the approval and availability of new prevention drugs and treatment
111 therapies.
112

113 NCSL opposes:

114 ~~▪~~ The imposition of state matching or maintenance of effort requirements in
115 these programs.

1 **COMMITTEE:** **HEALTH AND HUMAN SERVICES**

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

5 **TYPE OF POLICY:** **RESOLUTION**

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

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

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

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

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

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

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

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

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

57 ▪ Expanding care to those with complex medical needs,
58 ▪ improving reach and support for rural health care populations,
59 ▪ improving the implementation of patient-centered care and facilities,
60 ▪ increased integration of physical and behavioral health care services,
61 ▪ continued development of value-based purchasing and payments focusing on health
62 outcomes over number of services delivered, and
63 ▪ the role of community health centers, safety-net hospitals and academic medical
64 services in providing primary and emergency care for Medicaid enrollees.
65
66 **Children's Health Insurance Program (CHIP):**
67 As a partnership between the states and the federal government, CHIP is an essential
68 program that must be authorized on time as it provides health care coverage to
69 countless children across the country. NCSL also encourages the federal government to
70 continue providing flexibility to carry out the program's operation. Therefore, NCSL
71 supports Congress' multi-year authorization of CHIP funds moving forward.

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

78 ▪ support for states to develop and test systems of coverage for low-income children
79 and explore ways for states to share examples of best practices with each other,
80 ▪ eliminate any burdensome waiting periods for CHIP enrollment to ensure a reduction
81 in gaps of coverage for children, and
82 ▪ continued efforts to streamline and facilitate the CHIP and Medicaid application
83 process.
84
85 **Principles for Federal Health Insurance Reform**

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

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

103 **Federal Demonstration Authority for States to Experiment with Innovative Health**
104 **Care Reform Initiatives**
105 NCSL supports federal initiatives to provide financial assistance and to authorize states
106 to experiment with innovative approaches to:

107 ▪ iIncrease access to and affordability of health care services, including mental health,
108 to the uninsured or underinsured,
109 ▪ improve the quality and cost-effectiveness of our health care system and the flexibility
110 to test new models that do so,
111 ▪ increase access to the broad range of long-term care services including home and
112 community-based services (HCBS) that will enable constituents to live in their own
113 homes or communities that provide personalized and a high-quality care,

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

COMMITTEE: HEALTH AND HUMAN SERVICES

POLICY: PUBLIC HEALTH

TYPE OF POLICY: DIRECTIVE

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

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

Health Disparities

~~The U.S. Department of Health and Human Services~~HHS and its offices, institutes, and centers, ~~including the Office of Minority Health (OMH), the CDC, National Institute of Mental Health, and the Substance Abuse and Mental Health Services Administration (SAMHSA)~~ should work with NCSL and state policymakers to reduce and eliminate health disparities by: (1) identifying social determinants which lead to health disparities; ~~(2) adopting the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards);~~ and (~~3~~2) ~~developing~~ helping to create and enhance standards for the collection and reporting of data on:

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

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

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

1. ~~implement the~~support the continued efforts of the HHS Office of Minority Health's National Partnership for Action to End Health Disparities (NPA)'s efforts to mobilize a nationwide, comprehensive, community-driven, and sustained approach to combating health disparities, and;
2. ~~expand~~ continue support for the Regional Blueprints for Action, which aligns with the National Stakeholder Strategy to help guide action at the local, state, and regional levels;
3. augment outreach and other efforts targeting populations, including racial and ethnic minorities, at higher risk of chronic diseases and illnesses;
4. provide quality and efficient care;
5. improve health outcomes;
6. increase cost-effectiveness;
7. meet legislative, organizational, and accreditation standards; and
8. develop additional evidence-based prevention and interventions targeting ethnic and racial minorities.

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

Health Promotion and Disease Prevention

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

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

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

Preventive Health Screenings and Check-Ups - NCSL urges Congress to increase support for initiatives to promote ~~regularized~~ regular preventive health screenings and check-ups. NCSL is particularly supportive of efforts that provide information about and promote screening for cardiovascular disease, dental disease, obesity, asthma, diabetes, and cancer. NCSL also supports efforts to ensure that children receive age-

appropriate check-ups and screenings that include recommended childhood immunizations, comprehensive dental, vision and hearing screenings, and recommended follow-up treatment.

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

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

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

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

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

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

Mental Health Treatment of Children

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

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

Vaccines and Immunizations

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

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

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

Workplace Safety and Health Care Workers

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

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

Pandemic and All-Hazards Preparedness

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

1. provide states, territories, and the District of Columbia with direct, sufficient and stable funding to enable them to continue to build and maintain an infrastructure

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

200 **Public Health and the Environment**

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

205

206 **Vector-Borne Illness** - NCSL supports the efforts of the CDC to abate vector-borne
207 illness, including-Chikungunya, Eastern equine encephalitis virus (EEEV), Lyme-
208 Disease, Malaria, Rocky Mountain spotted fever, and West Nile Virus, and Zika
209 virus–by:
210 1. providing training and assistance to front-line disease surveillance
211 and response staff;
212 2. offering clinical education programs;
213 3. collaborating with state and local health departments; and

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

Maternal and Child Health

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

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

1. improve maternal and child health;
2. promote healthy child development and school readiness;
3. improve parenting skills; and
4. prevent child abuse and neglect.

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

244 **(New amendment introduced) Universal Newborn ~~Hearing~~ Screening** - ~~NCSL~~
245 ~~supports this~~ The Universal Screening program ~~and urges Congress to continue to~~
246 ~~provide adequate funding.The Universal Newborn Hearing Screening program~~ provides
247 competitive grants to states for the implementation of a national program of universal
248 newborn ~~hearing~~ screening ,that includes using a few drops of blood from a newborn's
249 heel within 24-48 hours after birth to screen for certain genetic, endocrine and metabolic
250 disorders, as well as newborn hearing screening. Newborn hearing screening consists
251 of: (1) physiologic testing prior to hospital discharge; (2) audiologic evaluation by three
252 months of age; and (3) entry into a program of early intervention by six months of age.
253 NCSL supports the State Universal Newborn Screening program and urges Congress to
254 continue to provide adequate funding. NCSL supports the autonomy of each state to
255 execute its state screening program and supports federal efforts that incentivize states
256 to screen for every disorder included on the federal Recommended Uniform Screening
257 Panel (RUSP) and to include new conditions added to the RUSP in the future to the
258 state screening panel in a timely manner.

259 ~~NCSL supports this program and urges Congress to continue to provide adequate~~
260 ~~funding.~~
261

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

1 **COMMITTEE:** **HEALTH AND HUMAN SERVICES**

2 **POLICY:** **NCSL APPLAUDS GLOBAL HEALTH EQUITY**
3 **WEEK, OCTOBER 25-29, 2021**

4

5 **TYPE OF POLICY:** **New Memorial Resolution**

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

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

21 The National Conference of State Legislatures (NCSL) has worked closely with HIMSS
22 and other stakeholder organizations to promote understanding among state
23 policymakers of the contributions of health IT in meeting the quadruple aim for

24 improving health outcomes, the quality and safety of healthcare delivery, containing
25 healthcare costs, and improve the work life of health professionals. Moreover, NCSL
26 applauds HIMSS for elevating the value of health IT in addressing social determinants
27 of health through the annual Global Health Equity Week events. NCSL and other
28 stakeholders recognize the importance of health information technology and data to
29 ensure states become more resilient to public health threats like COVID-19, the opioid
30 crisis, natural disasters, and chronic diseases that greatly affect our most vulnerable
31 communities. NCSL and HIMSS support state actions to leverage health IT and data
32 systems to achieve these goals. For instance, broadband access and connected health
33 often lead to better health outcomes through the adoption of telehealth and digital
34 decision-making tools essential to empowering people to engage in their own care –
35 care that is value-based, secure, reliable, and that takes into account the social
36 determinants that drive improved outcomes and reduced health disparities.

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

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

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

4

5 **TYPE OF POLICY: NEW RESOLUTION**

6 **WHEREAS**, state legislators are committed to improving the health, academic performance
7 and overall well-being of America's children through the reauthorization of the Child
8 Nutrition Act; and
9
10 **WHEREAS**, federal child nutrition programs are critical for our nation's health, economy
11 and national security; and
12
13 **WHEREAS**, regular access to healthy and affordable meals has been proven to be one of
14 the strongest predictors of improved school performance, improved health and sound
15 childhood development; and
16
17 **WHEREAS**, research shows that childhood hunger and food insecurity have a range of
18 negative impacts on the health, academic performance and overall well-being of children;
19 and
20
21 **WHEREAS**, school nutrition programs offer the opportunity to provide healthy food and
22 improve dietary quality for students who may otherwise not eat; and

23 **WHEREAS**, school meals can also have a positive impact on grades, absences and
24 tardiness among students; and
25
26 **WHEREAS**, the COVID-19 pandemic led to a dramatic spike in the rate of children
27 experiencing hunger and food insecurity, peaking at 18% of families with children reporting
28 their household did not have enough to eat in December 2020 according to the Center on
29 Budget and Policy Priorities, and also created challenges to safely accessing child nutrition
30 programs; and
31
32 **WHEREAS**, the COVID-19 pandemic has caused an ongoing increase in the scope and
33 scale of children experiencing hunger and food insecurity with the most recent estimates
34 from Feeding America showing that 13 million may face hunger in 2021 compared with the
35 11 million who experienced hunger in 2019 according to USDA (an all-time low); and

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

40 **WHEREAS**, the child nutrition programs are the front line of defense against childhood
41 hunger and food insecurity, promoting healthy eating and providing healthy, nutritious food
42 for the nation's children through the National School Lunch Program (NSLP), School
43 Breakfast Program (SBP), Summer EBT for Children (SEBTC), Pandemic-EBT, the

44 Community Eligibility Provision (CEP), and Special Supplemental Nutrition Program for
45 Women, Infants, and Children (WIC); and

46 **WHEREAS**, millions of children depend on these programs, including the 21.5 million low-
47 income children who participated in the school lunch program and the 12.4 million who
48 participated in the school breakfast program in the 2018-2019 school year, as well as the
49 6.3 million mothers and children who received food and nutrition education through WIC
50 and 2.8 million children who ate summer meals in 2019; and
51
52 **WHEREAS,** the SEBTC Program reaches children who most need additional food support
53 over summer and school breaks and is proven to reduce food insecurity among children;
54 and
55
56 **WHEREAS,** non-congregate meal delivery options were especially critical in distributing
57 meals to children in rural and hard to reach communities, or where transportation
58 challenges make it difficult for programs to distribute meals at a localized site; and
59
60 **WHEREAS,** the CEP program promotes equity and reduces stigma for families, and has
61 been proven to reduce hunger and improve student outcomes; and
62
63 **WHEREAS,** P-EBT, a temporary program providing a grocery benefit to children who have
64 lost access to free and reduced priced meals at school due to COVID-19, has been highly
65 effective at reducing food insecurity; and
66

67 **WHEREAS,** a proven barrier to continued participation in the WIC Program is unavailability
68 of remote appointments, short certification periods, and lack of flexibility in food
69 purchasing, ordering, and delivery; and
70
71 **WHEREAS**, the Healthy, Hunger Free Kids Act of 2010 has improved the nutritional
72 standards for school nutrition programs and as a result, kids have access to increased
73 fruits, vegetables and whole grains but less sugars, fats and sodium, and that Congress
74 has the opportunity to ensure that children continue to have access to nutritious and quality
75 meals to help prevent childhood hunger and obesity; and
76
77 **WHEREAS,** Congress has a unique opportunity to improve access and nutrition for millions
78 of children, particularly low-income children, through the 2021 Child Nutrition
79 Reauthorization (CNR) bill, by making permanent the COVID-19 waiver flexibilities that help
80 to better reach children and by including provisions that would increase access and reach
81 more kids through streamlining, reducing administrative burdens, and providing program
82 flexibility, giving them the access to quality meals that they have during the school year;
83 and
84
85 **WHEREAS**, an adequately funded and evidence-based reauthorization bill can reduce
86 childhood hunger and food insecurity in America, help reduce childhood obesity, improve
87 child nutrition and health, and enhance healthy child development and school readiness;
88 allowing children to reach their full potential; and
89

90 **NOW, THEREFORE, BE IT RESOLVED**, that the National Conference of State
91 Legislatures urges Congress to protect, strengthen and improve the child nutrition
92 programs through a Child Nutrition and WIC Reauthorization Act that builds on the Healthy,
93 Hunger Free Kids Act of 2010 to ensure that children continue to have access to nutritious
94 meals throughout the year; and
95
96 **BE IT FURTHER RESOLVED**, that the National Conference of State Legislatures urges
97 Congress to permanently authorize the operation of the SEBTC program, make program
98 funding mandatory and expand the reach of the program to kids eligible for free or reduced-
99 price school meals in all states, tribal nations and localities in order to close the summer
100 meals gap; and

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

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

111 improvement of direct certification systems; and

112

113 **BE IT FURTHER RESOLVED**, that the National Conference of State Legislatures urges

114 Congress to permanently authorize the P-EBT system beyond the COVID-19 pandemic,

115 allowing authorities to quickly deliver increased nutritional aid during times of crisis; and

116

117 **BE IT FURTHER RESOLVED**, that the National Conference of State Legislatures urges

118 Congress to increase the flexibility of WIC appointments through increased access to

119 remote appointments and extended certification periods as well as to support equitable

120 access to the WIC food package through modernization efforts that increase access to

121 online ordering, online purchasing, and delivery; and

122

123 **BE IT FURTHER RESOLVED,** that the National Conference of State Legislatures urges

124 Congress to invest in the ability and resources of states to provide access to healthy and

125 affordable meals before, during and after school for all children, all year long; and

126

127 **BE IT FURTHER RESOLVED**, that the National Conference of State Legislatures urges

128 Congress to protect, strengthen and improve the child nutrition programs through a Child

129 Nutrition and WIC Reauthorization Act that builds on the Healthy, Hunger Free Kids Act of

130 2010 to ensure that children continue to have access to nutritious meals throughout the

131 year; and

132

133 **BE IT FURTHER RESOLVED**, that the National Conference of State Legislatures supports

134 the enactment of a Child Nutrition and WIC Reauthorization Act that ensures low income
135 children's improved access to and participation in child nutrition programs, and, that it
136 includes the policy goals stated above.