

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: PUBLIC HEALTH**

3 **TYPE:**

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

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

22 **HEALTH PROMOTION AND DISEASE PREVENTION**

23 An informed public is an important component of a healthy society. NCSL urges the
24 Congress to continue to support public health education initiatives that are culturally
25 sensitive, age appropriate and written at the appropriate educational level for the
26 audience. It is imperative that these public health education initiatives integrate healthy
27 lifestyle choices and disease prevention messages and strategies targeted for children,

28 young adults, men, women, the elderly as well as other specifically identified
29 populations within the community who have special healthcare concerns, needs and
30 risks.

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

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

42 ▪ **Preventive Health Screenings and Check-Ups** - NCSL urges Congress to
43 increase support for initiatives to promote regularized preventive health screenings
44 and check-ups. NCSL is particularly supportive of efforts that provide information
45 about and promote screening for: cardiovascular disease, dental disease; obesity,
46 asthma, diabetes, and cancer. We also support efforts to ensure that children
47 receive age appropriate check-ups and screenings that include recommended
48 childhood immunizations; and dental, vision and hearing screenings; and
49 recommended follow-up treatment.

50 ▪ **Chronic Disease Management** - NCSL urges Congress to continue to support
51 initiatives that promote the management of chronic conditions such as obesity,
52 cardiovascular disease, dental disease, diabetes, asthma, kidney disease, mental
53 health disorders and a wide range of autoimmune diseases. Management of these
54 conditions improves the quality of life of the individuals and their families and is more
55 cost efficient for the health care system. NCSL is particularly supportive of initiatives
56 that provide case management services to children with one or more chronic
57 conditions. Early diagnosis, treatment and management is key to helping children
58 with chronic conditions such as asthma and diabetes to stay on grade level at school

- 59 and to become healthier adults.
- 60 ▪ **Oral Health** - NCSL supports federal initiatives to promote oral health by
61 encouraging individuals to have regular check-ups and to practice good oral
62 hygiene. These initiatives should include educational activities that emphasize the
63 importance of good dental hygiene and care to overall good health. While some of
64 the best dental care in the world is available in the United States of America, many
65 people are unable to access dental care because they lack dental coverage and the
66 means to afford the out-of-pocket cost of care. In addition, many areas both urban
67 and rural have concerns about the distribution of dental professionals. NCSL
68 supports efforts to increase access to quality, affordable dental care, including
69 initiatives to improve public and private sector coverage of dental services, improve
70 oral health literacy within the public, and provide states flexibility to develop
71 innovative Medicaid dental programs to increase access to and **the** utilization of oral
72 health care services.
 - 73 ▪ **Health Education for Health Care Professionals** - Health care professionals
74 need to become better informed on health care promotion and disease prevention
75 strategies so that they can better inform the people they serve. NCSL supports
76 efforts to encourage institutions that train health professionals to include in their
77 curriculum a greater emphasis on culturally competent health promotion and disease
78 prevention **information**.
 - 79 ▪ **Access to Health Screenings and Disease Treatment** - NCSL supports efforts
80 to encourage insurers and other third party payers, including Medicare and
81 Medicaid, to cover cancer-screening tests. NCSL supports federal initiatives to
82 improve coverage of cancer screenings, tests and treatments that have been shown
83 on the basis of evidence-based evaluation to be beneficial for the population served.

84 **VACCINES AND IMMUNIZATIONS**

- 85 ▪ **Childhood Immunizations** - NCSL supports initiatives designed to increase the
86 overall number of children immunized. We are particularly supportive of efforts to
87 increase federal funding for the Section 317 program to more closely match the
88 increasing costs and number of recommended childhood vaccines. NCSL also

89 supports initiatives that would use alternative sites such as schools, community
90 health centers or other community settings to deliver vaccines to children when
91 appropriate, cost effective and convenient. NCSL urges the federal government to
92 continue and to increase public education initiatives designed to provide parents with
93 the most up-to-date information regarding recommended immunizations for children.
94 NCSL also supports continued research to improve the safety and efficacy of
95 childhood immunizations. NCSL urges the Congress and the Administration to work
96 with states to make certain that every child receives the recommended childhood
97 immunizations and to improve immunization funding and policies to help meet that
98 goal. Finally, NCSL urges Congress to continue to allow states to set child vaccine
99 coverage policy.

100 ▪ **Adult Immunizations** - NCSL urges the Congress to continue efforts to increase
101 the number of adults who receive recommended immunizations. NCSL supports **and**
102 **encourages continued** the special efforts being made to encourage high-risk
103 adults, **particularly high-risk adults, young adults and older adults to receive all**
104 **recommended immunizations.** to receive flu shots.

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

109 **WORKPLACE SAFETY AND HEALTH CARE WORKERS**

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

115 ▪ **Health Care Workers** - NCSL supports the decision by the Centers for Disease
116 Control and Prevention (CDC) to continue to permit state and local health officials
117 establish guidelines regarding procedures that health care workers infected with HIV
118 or Hepatitis B should be permitted to perform. NCSL also supports the Blood-Borne

119 Pathogen Standard rule promulgated by the Occupational Safety and Health
120 Administration (OSHA) and the Needlestick Safety and Prevention Act. The Blood-
121 Borne Pathogen Standard rule mandates the use of universal precautions in
122 infection control and requires employers to provide workers with training, engineered
123 safety devices, protective clothing, puncture-proof containers for contaminated
124 needles and medical waste, and vaccination against the Hepatitis B virus. The
125 Needlestick Safety and Prevention Act requires employers to solicit input from
126 employees responsible for direct patient care in the identification, evaluation, and
127 selection of engineering and work practice controls.

128 **PANDEMIC AND ALL-HAZARDS PREPAREDNESS**

129 State and local governments are the first line of defense against acts of bioterrorism and
130 other public health emergencies. State legislators are committed to enhancing their
131 states' ability to prepare for and respond to these events. A strong partnership between
132 and among the states, the federal government, and other public and private non-profit
133 entities is the best way to accomplish this goal. NCSL urges the federal government to:
134 (1) provide states, territories, and the District of Columbia with direct, sufficient and
135 stable funding to enable them to continue to build and maintain an infrastructure to
136 support on-going efforts to respond to bioterrorism and other public health emergencies;
137 (2) pass federal funds through the states for distribution to local governments, hospitals
138 and other entities, permitting state officials to take the lead in planning on a regional and
139 statewide basis, utilizing federal funds in the most efficient and effective way; (3) require
140 grantees that receive direct funding from the federal government to collaborate with the
141 state and to coordinate all of their activities with the state plan; (4) afford states the
142 flexibility necessary to meet their diverse needs and priorities; (5) build upon existing
143 national and state efforts; (6) ensure that regulations and requirements imposed on
144 states are accompanied by sufficient funding to support implementation, both
145 immediately and in the long term; and (7) authorize the appropriate federal official to
146 temporarily waive or modify the application of federal laws that may impede
147 implementation of state plans during a bioterrorist attack or other public health
148 emergency.

149 **PUBLIC HEALTH AND THE ENVIRONMENT**

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

153 ▪ ~~**West Nile Virus**~~ - NCSL supports the ~~Mosquito Abatement for Health and Safety~~
154 ~~Act which provides grants to states to:~~ (1) ~~coordinate mosquito control programs;~~
155 ~~and (2) assist localities to conduct need assessments and to develop plans for the~~
156 ~~implementation of a mosquito control program.~~

157 ▪ ***Vector-Borne Illness - NCSL supports the efforts of the Centers for Disease***
158 ***Control and Prevention (CDC) to abate vector-borne illness, including-***
159 ***Chikungunya, Eastern equine encephalitis virus (EEEV), Lyme-Disease,***
160 ***Malaria, Rocky Mountain spotted fever, and West Nile Virus—by providing***
161 ***training and assistance to front-line disease surveillance and response staff,***
162 ***offering clinical education programs, collaborating with state and local health***
163 ***departments, and funding grants to states to support epidemiology and***
164 ***response activities addressing vector-borne disease.***

165 **MATERNAL AND CHILD HEALTH**

166 (The first two paragraphs of this policy were included by mistake. This language is from
167 our existing directive Social Security Disability Insurance.)

168
169 ~~The National Conference of State Legislatures (NCSL) continues to support the Social~~
170 ~~Security Disability Insurance (SSDI) program which provides needed income and~~
171 ~~medical support for disabled Americans. NCSL is particularly supportive of: (1)~~
172 ~~initiatives to accelerate the disability determination and appeals process and to assure~~
173 ~~that people with intellectual disabilities have effective access to the appeals process; (2)~~
174 ~~the Compassionate Allowance process that identifies conditions that are almost certain~~
175 ~~to qualify an individual for SSDI coverage, shortening the eligibility process; (3)~~
176 ~~continued improvements to the Ticket to Work program. With only a few exceptions,~~
177 ~~individuals who become eligible for SSDI due to a severe disability must wait two years~~

178 before they become eligible for Medicare. These are very sick people with almost no
179 health care coverage options. The provisions of the Patient Protection and Affordable
180 Care Act that become effective in 2014 may help some SSDI beneficiaries receive
181 coverage, but coverage gaps are likely to continue for many. NCSL recommends that
182 the Congress consider waiving the waiting period in some cases.

183 ~~Special Disability Workload~~ The Social Security Administration erroneously enrolled
184 thousands of people in the Supplemental Security Income (SSI) program instead of the
185 Social Security Disability Insurance (SSDI). As a result, these individuals were also
186 enrolled in state Medicaid programs. SSI recipients are categorically eligible for
187 Medicaid. The Special Disability Workload (SDW) project is a federal effort to correct
188 the errors and to restore cash benefits that should have been received. According to
189 recent estimates, states spent over \$4 billion dollars over the years providing Medicaid
190 coverage to these beneficiaries. Several attempts have been made to address this
191 issue administratively and through Congressional legislation. None has been
192 successful. NCSL urges Congress and the Administration to develop a plan to address
193 this longstanding issue.

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

202 ▪ ***The Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)***
203 ***– The MIECHV program facilitates collaboration and partnership at the federal,***
204 ***state, and community levels to improve the health of at-risk children through***
205 ***evidenced-based home visiting programs. NCSL supports community-based,***
206 ***state-federal partnerships and initiatives that working with parents and***
207 ***caregivers provides a supportive environment to: (1) improve maternal and***
208 ***child health, (2) promote healthy child development and school readiness; (3)***

209 *improve parenting skills; and (4) prevent child abuse and neglect. NCSL urges*
210 *congress to continue financial support for the MIECHV program and to*
211 *continue to provide state flexibility in the administration of the program based*
212 *on needs assessments that identify community and family vulnerabilities.*

213 **▪ Universal Newborn Hearing** - The Universal Newborn Hearing Screening
214 program provides competitive grants to states for the implementation of a national
215 program of universal newborn hearing screening that consists of: (1) physiologic
216 testing prior to hospital discharge; (2) audiologic evaluation by three months of age;
217 and (3) entry into a program of early intervention by six months of age. NCSL
218 supports this program and urges Congress to continue to provide adequate funding.