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 the 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 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 wishes 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 and its offices, institutes, and centers, including the Office of Minority Health, CDC (OMH), the Centers for Disease Control and Prevention, the 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 the social determinants of health which lead to health disparities; (2) adopting
the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards); and (3) developing standards for the collection and reporting of data on:

- (1) by federally funded health and health care programs of data on race, ethnicity, sex, primary language, disability status;
- (2) those living in rural and frontier areas; and
- (3) other characteristics identified by the Secretary of HHS, in order to analyze and monitor health disparity trends and develop promising practices and programs to eliminate them, 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 increased funding to the Department of Health and Human Services, including the Centers for Disease Control (CDC), the Office of Minority Health, the National Institutes of Health and NIH, to:

- (1) implement 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 to move the nation toward achieving health equity;
- (2) expand funding and other resources to support the Regional Blueprints for Action, which will align with the National Stakeholder Strategy to help guide action at the local, state, and regional levels;
augment outreach and other efforts targeting populations, including racial and ethnic minorities, at higher risk of chronic diseases and illnesses; (4) provide quality care and efficiencies; (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.

(4) provide quality health care and efficiencies; (5) improve health outcomes; (6) increase cost-effectiveness; (7) meet legislative, organizational, and accreditation standards; and (8) develop additional evidence-based disease prevention and interventions targeting ethnic and racial minorities.

***The above paragraph is a strange mix of specific policy asks and broad aspirational goals. I’d like to separate those if possible.***

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

An informed public is an important component of a healthy society. NCSL urges the administration and Congress to continue to support public health education initiatives that are culturally sensitive, language accessible, 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, 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 healthy lifestyle choices, reducing and reduce high-risk behaviors through education, counseling and treatment. 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. NCSL urges Congress to continue to support this program.

Preventive Health Screenings and Check-Ups - NCSL urges Congress to increase support for initiatives to promote regularized 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. We NCSL also support efforts to ensure that children receive age-appropriate check-ups and screenings that include recommended childhood immunizations; and 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 chronic conditions such as obesity, cardiovascular disease, dental disease, diabetes, asthma, kidney disease, mental health disorders, and a wide range of autoimmune diseases. Management of these conditions improves the quality of life of the individuals and their families and is more cost efficient for the health care system. NCSL is particularly supportive of initiatives that provide case management services to children with one or more chronic conditions. Early diagnosis, treatment and management is key to helping children with chronic conditions such as asthma and diabetes to stay on grade level at school and to become healthier adults.
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 hygiene and care to overall good health. While some of the best dental care in the world is available in the United States of America, many people are unable to access dental care because they lack dental coverage and the means to afford the out-of-pocket cost of care. In addition, many areas both urban and rural have concerns about the distribution of dental professionals. 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 - Health care professionals need to become better informed on health care promotion and disease prevention strategies so that they can better inform the people they serve. NCSL supports efforts to encourage institutions that train health professionals to include in their curriculum a greater emphasis on 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 on the basis of evidence-based evaluation to be beneficial for the population served.

Technical Assistance to States to Improve the Quality, Capacity, and Access Provision of Mental Health Services to Children - 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 improve the oversight of the prescribing of psychotropic medications to children. NCSL also urges the department 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 on psychotropic medications as the primary or sole treatment.

Mental Health Treatment of Children

NCSL believes that the treatment of mental health conditions in children, especially children in foster care, should receive treatment, first focus on evidence-based non-pharmacotherapies and, if necessary, progress to evidence-based pharmacotherapies with the least negative impacts and potential adverse long-term effects. Treatments should also reflect the best and most current medical evidence-practices as determined and prescribed by qualified pediatric practitioners. NCSL urges 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) improve access to and the availability of pediatric mental healthcare, and;
- increase the pediatric mental health workforce.

VACCINES AND IMMUNIZATIONS

Childhood Immunizations - NCSL supports initiatives efforts designed to increase the overall number of children immunized. We are particularly supportive of efforts to increase federal funding for the Section 317 program to more closely match the increasing costs and number of recommended childhood vaccines. NCSL also supports initiatives that would 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 continue and to increase public education initiatives designed to provide parents with the most up-to-date information regarding recommended immunizations for children. 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 make certain that ensure every child receives the recommended childhood immunizations and to improve immunization delivery and education funding and policies.
to help meet that goal. Finally, NCSL urges Congress to continue to allow states to set child vaccine coverage policy.

**Adult Immunizations** - NCSL urges the Congress to continue efforts to increase the number of adults who receive recommended immunizations. NCSL supports and encourages continued special efforts to encourage adults, particularly ensure high-risk adults, young adults, and older adults to 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 support efforts 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 Centers for Disease Control and Prevention (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. The Blood-Borne Pathogen Standard rule mandates the use of universal precautions in infection control and requires employers to provide workers with training, engineered safety devices, protective clothing, and puncture-proof containers for contaminated needles and medical waste, and vaccination against the Hepatitis B virus. The Needlestick Safety and Prevention Act requires employers to solicit input from employees responsible for direct patient care in the identification, evaluation, and selection of engineering and work practice controls.
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 their states’ ability to prepare for and respond to these events. A strong partnership between and among the states, the federal government, and other public and private non-profit entities is the best way to accomplish this goal. NCSL urges the federal government to the administration and Congress to:

- (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 to support ongoing efforts to respond to bioterrorism and other public health emergencies;

- (2) pass federal funds through the states for distribution to local governments, hospitals and other entities, permitting state officials to take the lead in planning on a regional and statewide basis, and utilizing federal funds in the most efficient and effective way;

- (3) require grantees that receive direct funding from the federal government to collaborate with the state their respective states and to coordinate all of their activities with the state plan;

- (4) afford states the flexibility necessary to meet their diverse needs and priorities;

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

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

- (7) authorize the appropriate federal official to temporarily waive or modify the application of federal laws that may impede implementation of state plans during a bioterrorist attack or other public health emergency.
PUBLIC HEALTH AND THE ENVIRONMENT

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

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

1. providing training and assistance to front-line disease surveillance and response staff;
2. offering clinical education programs;
3. collaborating with state and local health departments; and
4. providing funding to states to support epidemiology and response activities addressing vector-borne disease.

**Maternal and Child Health**

- **Maternal and Child Health (MCH) Block Grant** - The MCH block grant provides funds to allow states to meet a broad range of health services for mothers and children. In addition to formula grants to states, the set-asides for special projects of regional and national significance (SPRANs) continue to help states identify and address special 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 local levels to support families of young children in the home.
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 continue to provide state flexibility in the administration of the program based on needs assessments that identify community and family vulnerabilities.

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

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

- **State Personal Responsibility Education Program (PREP)** that awards grants to state agencies to educate young people on both abstinence and contraception. The program specifically targets youth who are homeless, in
foster care, living in rural areas or areas with high teen birth rates; and from minority groups, including sexual minorities; and pregnant youth and mothers under age 21.

Tribal Personal Responsibility Education Program (PREP) promotes proven and culturally appropriate methods for reducing adolescent pregnancy, delaying sexual activity among youths, and increasing condom use and other contraceptives among sexually active youth in native communities. Programs follow design guidelines similar to those of the State PREP, but are specially designed to honor tribal needs, traditions and cultures. Discretionary grants are available to tribes to combat the disproportionately high rates of teen pregnancy and birth.

Personal Responsibility Education Program (PREP) Competitive Grants under the Affordable Care Act, awards grants to local organizations and entities to educate young people on both abstinence and contraception. With efforts toward preventing pregnancy and sexually transmitted infections. Focuses on the same types of youth as the state program targets.

The Title V State Abstinence Education Grant Program (AEGP) provides funding to states and territories for abstinence education, mentoring, counseling and adult supervision. AEGP promotes abstinence to prevent teen pregnancy in youth aged 10-19, especially for those from minority groups, in foster care or who are homeless. Support services help young people by: (1) strengthening their beliefs supporting abstinence; (2) increasing their skills to negotiate abstinence and resist peer pressure; and (3) educating youths about sexually transmitted infections, such as HIV/AIDS.

Grant program provides funding for projects that aim to build our knowledge of effective and promising approaches to reducing teen pregnancy and sexually transmitted infections. Projects must be designed to provide
medically accurate abstinence education as defined by the Social Security
Act.

The Personal Responsibility Education Innovative Strategies (PREIS)
program seeks to develop, implement, and test innovative adolescent
pregnancy prevention strategies for high-risk, vulnerable, and culturally
underrepresented youth populations, to include: (1) youth residing in areas
with high teen birth rates; (2) youth in foster care; (3) runaway and
homeless youth; (4) youth with HIV/AIDS; (5) pregnant and parenting youth
who are under 21 years of age and their partners; (6) rural youth; and (7)
youth who have been trafficked.