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NCSL supports federal initiatives that provide needed assistance to state and local
governments for the 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**

- Lowering transmission rates of HIV-infection is the first of many measures that
  must be taken to address the enormous impact of AIDS and HIV-infection in the
  United States. Prevention efforts have made a measurable impact on the overall
  rate of transmission since the early 1990’s, but have not been equally successful
  across all populations.

- Education is a critical component of the prevention effort and must be culturally
  sensitive, age appropriate, 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 continuation of state flexibility with respect to needle exchange programs and hopes to continue 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 federal efforts to sustain the privileged state of personal medical records and is particularly supportive of efforts to protect individuals with 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 federal legislation imposing either a mandate for or a prohibition of state partner notification requirements or contact disclosure or tracing programs.

• NCSL also opposes 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 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 the 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 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 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 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, engineered safety devices,
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.

**Ryan White CARE Act**

- Federal grants supporting state efforts to provide care and treatment to people with AIDS should provide maximum flexibility to states to enable them to develop programs that best meet the needs of their citizens.

- NCSL supports continued and adequate funding for states through the Ryan White C.A.R.E. Act and through cooperative agreements with the CDC. States should be permitted to demonstrate, in their state plan, that they have addressed the needs of all populations within their boundaries, in lieu of federal statutory mandates. Finally, in light of the substantial financial commitment by the states for HIV-related activities,

- NCSL opposes the imposition of state matching or maintenance of effort requirements in these programs.

- NCSL urges the federal government to ensure that adequate funding is provided for the AIDS Drug Assistance Program (ADAP). This program has become increasingly important as new drug therapies are developed. It is important that the funding for this program keep pace with the approval and availability of new drug therapies.

**ADAP Counted Towards Out-of-Pocket Expenditures for Dual-Eligibles**

Under current law, ADAP expenditures do not count as part of the true out-of-pocket (TrOOP) expenditures for Medicare Part D beneficiaries. NCSL urges Congress to count all or part of ADAP expenditures toward TrOOP.
Treatment and Care

The two-year total disability waiting period in the Medicare program severely limits the ability of Americans with HIV-infection and other debilitating or terminal illness from participating in the program. Under current law, persons suffering from terminal, but relatively brief illness cannot now benefit from this program. NCSL recommends that the waiting period be waived in these cases. The Social Security Administration (SSA) has promulgated regulations that make it easier for individuals with AIDS and HIV-related conditions to receive Social Security Disability Insurance (SSDI). In addition, SSA has adopted rules that will help ensure that women and children with AIDS and HIV-infection are treated equitably and compassionately. NCSL supports these initiatives. NCSL urges the continuation and expansion of the end of life/palliative care initiative for underserved populations. The program provides a wide range of palliative care services including hospice care and case management services to individuals in urban, suburban and rural areas.

Research

- NCSL calls upon the federal government to increase its support for research efforts through both basic and applied biomedical investigations to better understand, to treat and to prevent the disease. The federal government should continue and intensify efforts to develop both preventive and therapeutic vaccines. NCSL supports the Food and Drug Administration's (FDA) efforts to expedite the drug approval process and to increase the number of people participating in clinical trials and other programs designed to test the effectiveness of new drugs and treatments.

Racial and Ethnic Disparities

- NCSL is pleased that the Minority AIDS Initiative (MAI), which was established in 2000 to reach out to all minority communities (Hispanic, African-American, Asian-Pacific, Native American, Alaskan Native and other ethnic and racial minorities), was permanently authorized in the 2007 Ryan White CARE Act reauthorization.
NCSL urges the President to provide focused leadership domestically to reduce health disparities, particularly as they relate to HIV/AIDS and requests the Congress to increase funding for state and local grant programs authorized by the Ryan White Comprehensive AIDS Resources Emergency Act, especially to assure funding for faith-based initiatives providing culturally and linguistically competent prevention and treatment programs. NCSL urges the Congress to provide increased funding to the Department of Health and Human Services and relevant agencies, including the Centers for Disease Control; Prevention and the Human Resources and Services Administration, and the National Institutes of Health to: (1) implement the Centers for Disease Control and Prevention’s National HIV Prevention Strategic Plan; (2) expand the Minority AIDS Initiative to provide additional support to minority-serving community-based organizations; (3) augment outreach and HIV testing efforts targeting populations including racial and ethnic minorities at higher risk of contracting HIV; and (4) develop additional evidence-based HIV-prevention interventions targeting ethnic and racial minorities. NCSL urges the federal government to make every effort to include more women and minorities in clinical trials and other research initiatives.

International Initiatives

NCSL supports federal initiatives that recognized the pandemic nature of HIV-infection and AIDS and that focuses on primary prevention of HIV/AIDS, care and treatment of tuberculosis and other opportunistic infections, palliative care and appropriate use of antiretroviral medications, and infrastructure and capacity development in 25 other countries.

- **U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)** - The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) is a U.S. government global initiative to control the HIV/AIDS pandemic. It is the largest commitment by any nation toward a single disease. To achieve an AIDS-free generation, PEPFAR works closely with a variety of stakeholders, including partner countries, multilateral organizations, civil society, people living with and affected by HIV, the faith community, and the public and private sectors. **PEPFAR is coordinated by**
the Office of the U.S. Global AIDS Coordinator and Health Diplomacy and implemented by the Departments of State; Labor, Health and Human Services, Labor; Commerce, Defense; the U.S. Agency for International Development and the Peace Corps With a focus on transparency, accountability, and impact, PEPFAR is actively working with partners to control the HIV/AIDS pandemic to help achieve an AIDS-free generation. PEPFAR is committed to supporting activities that are grounded in science and critical to saving lives and preventing new HIV infections.

On July 30, 2008, the Tom Lantos and Henry J Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 was signed into law, authorizing up to $48 billion over the next 5 years to combat global HIV/AIDS, tuberculosis, and malaria. Through FY 2013, PEPFAR in partnership with host nations will support treatment, prevention services and care for millions of people around the world. To meet these goals and build sustainable local capacity, PEPFAR will support training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment and care. NCSL supports these efforts.
Illegal interstate, tribal and internet sale of tobacco products affects the health and safety of the nation’s citizens and has a particularly negative effect on state revenues. Tobacco sellers that evade state tobacco taxes: (1) use the profits of these sales to finance other illicit activities; (2) undermine state efforts to reduce youth access to tobacco products by making lower cost products available to them through the mail; and (3) reduce state revenue. In addition, many of these sellers fail to comply with the provisions of the Master Tobacco Settlement Agreement, endangering state compliance with the Agreement and reducing state payments under the agreement by illegally gaining market share in cigarette sales by offering lower prices made possible by their failure to pay the appropriate state taxes.

The Prevent All Cigarette Trafficking (PACT) Act became effective in June 2010. NCSL supports the PACT Act and the continuing partnership between the states and the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) to implement this important law. The law: (1) Imposes improved recordkeeping requirements to implement these recommendations; (2) Prohibits the commercial importation of tobacco products, including smokeless tobacco products, into any state in violation of state or federal law; (3) Increases the penalties for noncompliance with the federal laws regulating interstate and internet sale of tobacco products; (4) Authorizes states to enforce tobacco tax collections through the Jenkins Act; (5) Permits states to collect triple damages in any suit against entities selling tobacco in states in violation of the laws of the state and make debts incurred in the purchase of these products uncollectible through actions in courts; (6) Prohibits interstate tobacco sellers from doing business in a state that is party to the Master Settlement Agreement if the seller is not in full compliance with the
Model Statute or the Qualifying Statute enacted by the state; and (7) Preserves existing agreements between states and tribal governments regarding cigarette taxes.

FDA Regulation of Tobacco and Tobacco Products

The Family Smoking Prevention and Tobacco Control Act of 2009 establishes the Food and Drug Administration (FDA) as the agency responsible for the regulation of the manufacturing, marketing and sale of tobacco products. In summary, the law: (1) Restricts the sale and marketing of tobacco products to young people; (2) Authorizes the FDA to restrict tobacco marketing; (3) Requires tobacco manufacturers to disclose information about the ingredients of their products and any changes they make to the ingredients; (4) Authorizes FDA to require changes to tobacco products to protect the public health; (5) Authorizes the FDA to regulate “reduced harm” claims; (6) Requires more prominent health warnings; and (7) Funds FDA regulation of tobacco products through a user fee imposed on tobacco manufacturers. The law does not permit states to regulate the content of tobacco products, tobacco labeling or advertisements. The law does preserve some important state and local government regulatory authority. Specifically, states may adopt laws or regulations related to the sale, distribution, possession or exposure to tobacco products and may restrict the time, place and manner of tobacco product advertising. The law also does not preempt most state-based civil claims. The preservation of state authority permits states to actively support and enhance FDA initiatives.
The Food and Drug Administration Safety and Innovation Act

The National Conference of State Legislatures supports efforts to improve the safety and quality of our drug supply included in the Food and Drug Administration Safety and Innovation Act. Key provisions of the law include:

- Reauthorizes user fees paid by medical device companies and prescription drug manufacturers and establishes new user fee programs for generic drugs and biosimilar (or follow-on biologic) drugs to augment funds provided to the FDA by Congressional appropriations;
- Enhances the safety of the drug supply chain;
- Provides incentives to drug manufacturers to develop new antibiotics by providing an additional five years of market exclusivity;
- Permanently authorizes the Best Pharmaceuticals for Children Act (BPCA) and the Pediatric Research Equity Act (PREA);
- Takes initial steps to address drug shortages; and
- Provides for expedited development and review of drugs for the treatment of serious or life-threatening conditions.

- In addition, some of the provisions are of particular interest to states.

State Prescription Drug Monitoring Programs – Authorizes the U.S. Department of Health and Human Services Secretary, in consultation with the U.S. Attorney General, to facilitate the development of recommendations on interoperability standards for state
prescription drug monitoring programs, to inform and facilitate the exchange of
prescription drug information across state lines. The law requires the Secretary to
consider the following in the development of recommendations:

- Open standards that are freely available, without cost and without restriction, in
  order to promote broad implementation;
- The use of exchange intermediaries, or hubs, as necessary to facilitate interstate
  interoperability by accommodating state-to-hub, hub-to-hub, and direct state-to-
  state communication;
- The support of transmissions that are fully secured, using industry standard
  methods of encryption, to ensure that protected health information and personally
  identifiable information are not compromised at any point during transmission;
- Access control methodologies to share protected information solely in
  accordance with state laws and regulations; and
- Model interoperability standards developed by the Alliance of States with
  Prescription Drug Monitoring Programs.

Regulation of Internet Pharmacy – The Ryan Haight Online Pharmacy Consumer
Protection Act, enacted in 2008, (1) established disclosure standards for internet
pharmacies; (2) prohibited the dispensing of prescription drugs over the internet to
individuals who have not be seen by a physician, but have merely filled out an on-line
questionnaire; and (3) authorized state attorneys general to shutdown non-complying
sites across the country by using the federal court system. Unfortunately, the provisions
of the Act have not been sufficient to control rogue websites. The law directs the U.S.
Government Accountability Office (GAO) to identify problems posed by internet
pharmacy websites that violate state or federal law and to identify potential actions that
may improve compliance.

Treatment of Synthetic Marijuana, “Bath Salts” and 2c Substances – The law
permanently classifies synthetic marijuana, “bath salts”, and 2C substances as
Schedule 1 Controlled Substances, making it a federal crime to prescribe, administer or
dispense them. Schedule 1 Controlled Substances are substances considered to have a high potential for abuse and are not accepted for use in medical treatment. Finally, the Congress discussed, but did not agree on a federal law to establish a national drug pedigree system and stronger standards for pharmaceutical wholesale distributors. State pedigree laws should not be preempted unless a workable, national standard is adopted that provides at least the same level of protections as the state laws. The Food and Drug Administration should assign a high priority to initiatives to both identify quantities and assure the quality of raw drugs entering the United States that are then remanufactured for retail sale to consumers here. The potential for human error in processing or acts of terrorism and the serious consequences that may result from either call for a vigorous and vigilant response by the federal government.

**Access to Affordable Prescription Drugs**

**Importing Prescription Drugs** - The National Conference of State Legislatures (NCSL) believes that it should be a national priority to expand access to affordable prescription drugs. More and more people have become interested in exploring the feasibility of importing prescription drugs from other countries to move toward this goal.

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

**FDA Regulation of Tobacco and Tobacco Products**

The Family Smoking Prevention and Tobacco Control Act of 2009 establishes the Food and Drug Administration (FDA) as the agency responsible for the regulation of the manufacturing, marketing and sale of tobacco products. In summary, the law: (1) Restricts the sale and marketing of tobacco products to young people;(2) Authorizes the
FDA to restrict tobacco marketing; (3) Requires tobacco manufacturers to disclose information about the ingredients of their products and any changes they make to the ingredients; (4) Authorizes FDA to require changes to tobacco products to protect the public health; (5) Authorizes the FDA to regulate “reduced harm” claims; (6) Requires more prominent health warnings; and (7) Funds FDA regulation of tobacco products through a user fee imposed on tobacco manufacturers. The law does not permit states to regulate the content of tobacco products, tobacco labeling or advertisements. The law does preserve some important state and local government regulatory authority. Specifically, states may adopt laws or regulations related to the sale, distribution, possession or exposure to tobacco products and may restrict the time, place and manner of tobacco product advertising. The law does not preempt most state-based civil claims. The preservation of state authority permits states to actively support and enhance FDA initiatives.
CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

- Children’s Health Insurance Program (CHIP) — NCSL continues to support CHIP and urges the Congress to ensure continued funding and state flexibility in the operation of the program.

MEDICAID

Deficit Reduction

- Deficit Reduction — NCSL supports efforts to put the federal government’s budget on solid footing and NCSL anticipates reductions in federal support for some state and local government programs as part of that effort. The reduction of the federal deficit should not be achieved by shifting costs to state governments or by imposing federal funding reductions made without regard for states’ determinations of access to necessary services. Elimination or reduction of federal assistance programs and financial assistance must be accompanied by: (1) greater program flexibility; (2) relief from unfunded legislative and regulatory mandates; (3) relief from maintenance of effort requirements; and (4) continued support for safety net programs during economic downturns. The Medicaid program represents a significant portion of states’ economies and any changes should avoid further damaging already weakened economies.

Provider Tax Limitations

- Provider Tax Limitations — Extensive changes to the Medicaid Voluntary Contributions and Provider-Specific Tax amendments of 1991, as amended,
were adopted in recent rulemaking. NCSL opposes further restrictions on states’
ability to impose provider-related taxes.

**Emergency Assistance and Countercyclical Assistance**

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

**Regulatory Initiatives**

**Medicaid Expansion Options**

- Medicaid Expansion Options—NCSL urges the Secretary of the U.S. Department
  of Health and Human Services to support and to explore a broad range of
  alternative approaches in addition to the provisions in the Patient Protection and
  Affordable Care Act (ACA) to provide affordable coverage for low-income people
  through the Medicaid program.

**Program Integrity Initiatives**

- Program Integrity Initiatives—NCSL is pleased that the Administration has
  proposed to coordinate and consolidate some of the existing program integrity
  programs enacted over the last several years to address duplication of effort and
  conflicting elements of the programs. NCSL urges the Congress and the
  Administration to make the necessary legislative and regulatory changes to
  improve the cost effectiveness of the federal program integrity initiatives, to
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lessen the administrative burdens associated with them, and ultimately to
improve our collective effort to eliminate fraud, waste and abuse in the Medicaid
program.

Data Collection Requirements

- Data Collection Requirements – Data is important and necessary to assure
program integrity and to improve program quality. NCSL urges the Congress and
the U.S. Department of Health and Human Services to carefully consider data
collection requirements imposed on state and local governments. The costs, both
financially and in staff time, must be commensurate with the contribution the
collected data will make to overall effort to improve access and quality.

Dual-Eligibles

- Federal Coordinated Health Care Office (Medicare-Medicaid Coordination Office)
  – The establishment of the Federal Coordinated Health Care Office within the
  Centers for Medicare and Medicaid Services (CMS) is an important first step in
  improving coordination between Medicaid and Medicare services for people who
  participate in both programs. NCSL supports the establishment of the office and
  looks forward to working closely with its staff to improve access, care and
  services to this important group of Medicaid and Medicare beneficiaries.

- State Demonstrations to Integrate Care for Dual Eligible Individuals - NCSL
  strong supports the new State Demonstrations to Integrate Care for Dual Eligible
  Individuals. These projects will help states design and implement new
  approaches to better coordinate care for dual eligible individuals. The Centers for
  Medicare and Medicaid Services (CMS) provides funding and technical
  assistance to states to develop person-centered approaches to coordinate care
  across primary, acute, behavioral health and long-term supports and services for
  dual eligible individuals. The goal is to identify and validate delivery system and
  payment coordination models that can be tested and replicated in other states.
  CMS is also making technical assistance available to all states interested in
improving services for dual eligible individuals. NCSL urges CMS to continue to support these demonstration projects and to provide maximum flexibility to states to explore options that may improve the quality of life and health outcomes for dual eligible individuals.

**Technical Assistance**

- Technical Assistance – As states continue to implement the Medicaid-related provisions of the PPACA, technical assistance in the following areas will be extremely important: (1) managed care and other service delivery reforms, particularly for special populations and services and in rural areas; (2) payment reforms; (3) successful initiatives to improve care and reduce costs; (4) workforce recruitment, training and retention initiatives; and (5) strategies for enrolling and serving single, childless adults in Medicaid.

**Managing Medicaid Costs** Flexibility to Manage Costs

- Flexibility to Manage Costs – States should be given flexibility to manage Medicaid costs by modifying certain sections of the Social Security Act, such as: Section 1927 of the Social Security Act that prevents states from using drug formularies to constrain the cost of prescription drugs. The section should be modified to remove the requirement that states cover every drug for which a manufacturer signs a rebate agreement.

**Medicaid Managed Care**

- NCSL urges the Centers for Medicare and Medicaid Services (CMS) to: (1) work with states as partners and stakeholders in establishing minimum operational and quality standards for managed care entities contracted with states for the delivery of services and benefits to Medicaid and CHIP beneficiaries; (2) to develop a process for technical assistance and guidance to avert the imposition of punitive actions and sanctions that may impact a state federal matching funds, as state begin implementing new requirements; (3) offer states flexibility in administering their managed Medicaid and CHIP programs which meet the
unique characteristics and needs of their states and populations; and (4) support state innovation.

TECHNICAL ASSISTANCE TO STATES TO IMPROVE THE PROVISION OF MENTAL HEALTH SERVICES TO CHILDREN

- NCSL believes the early detection and treatment of mental health conditions can reduce potentially detrimental effects, such as difficulties with relationships, dropping out of school, and involvement with the juvenile justice system. Despite the need for treatment, many child advocates, health care providers, researchers and elected officials have expressed concern about the increase in prescribing of psychotropic medications for children. Children in the foster care system are especially vulnerable and deserve special attention. NCSL urges the U.S. Department of Health and Human Services to provide technical assistance to states to monitor and improve the provision of mental health services to children and to improve the oversight of the prescribing of psychotropic medications to children.

- NCSL also urges the department 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 psychotropic medications as the primary or sole treatment.

REGULATION OF COMPOUNDING PHARMACY

- Congress has enacted legislation to strengthen the regulation and oversight over the pharmaceutical supply chain and to improve the regulation of compounding pharmacies with a particular emphasis on the “non-traditional pharmacy compounding” that has become important to our overall health care system, but has also caused harm to a number of individuals across the country. NCSL urges the Food and Drug Administration to work closely with state legislators, state public health officials, state boards of pharmacy and other important state and local officials, providers and industry representatives to develop procedures and systems that retain state regulatory authority where appropriate and that will improve the overall safety of the nation’s pharmaceutical supply chain.
Under the provisions of the Health Insurance Portability and Accountability Act of 1996, federal law supersedes state law, except when the Secretary determines that the state law is necessary: (1) to prevent fraud and abuse; (2) to ensure the appropriate state regulation of insurance or health plans; and (3) for addressing controlled substances, or for other purposes. NCSL supports a broad interpretation of this provision that would result in limited preemption of state laws.

Medical Records Privacy

- **Scope of Law** - No patient identifiable medical information may be released without written and oral informed consent of the patient, unless otherwise exempted. A federal privacy statute should define a range of health care conditions and services and protect patient identifiable information, including demographic information, collected during the health care process. A federal privacy statute also should define "information" to include records held in whatever form possible -- paper, electronic, or otherwise. Strong protections for individuals from the inappropriate disclosure of their medical records should be established. Anyone who provides or pays for healthcare or who receives health information from a provider, payer, or an individual should be required to conform to the provisions of the law. Health care providers that do not have direct relationships with the patient must also abide by the same standards. A payer should not be required to provide a benefit or commence or continue payment of a claim in the absence of protected health information, as set forth in each state's statutes, to support or deny the benefit or claim.
- **Consumer Rights** - Individuals should have the right to: (1) Find out what information is in their medical record; and (2) How the information is used. Practices and procedures must be established that would: (1) Require a written explanation from insurers or health care professionals detailing who has access to an individual's information; (2) Require insurers or health care professionals to tell individuals how that information is kept; (3) Inform individuals how they can restrict or limit access to their medical records; (4) Inform individuals how they can authorize disclosures or revoke such authorizations; and (5) Inform individuals of their rights should an improper disclosure occur. In general, individuals should be permitted to inspect and copy information from their medical record. Finally, a process should be developed for patients to seek corrections or amendments to their health information to resolve situations in which coding errors cause patients to be charged for procedures they never receive or to be on record as having conditions or medical histories that are inaccurate.

- **Accountability/Security** - Severe penalties should be imposed on individuals who knowingly disclose medical records improperly, or who misrepresent themselves to obtain health information. Civil monetary and/or criminal penalties should be imposed on individuals who have a demonstrated pattern or practice of unauthorized disclosure. Any individual whose rights under the federal privacy law have been violated should be permitted to bring a legal action for actual damages and equitable relief. If the violation was done knowingly, attorney's fees and punitive damages should be available. Information should not be used or given out unless either the patient authorizes it or there is a clear legal basis, under state or federal law, for doing so.

- **Public Health** - Under certain limited circumstances, health care professionals, payers, and those receiving information from them should be permitted to disclose health information without patient authorization to public health authorities for disease reporting, public health investigation, or intervention, as required by state or federal law.
• **Research** - Research protocols and confidentiality standards should be continued and strengthened.

• **Law Enforcement** - Law enforcement representatives should be required to have a court order to obtain information from an individual's medical record.

• **Preemption of State Laws** - Federal legislation should provide every American with a basic set of rights with respect to health information; however, confidentiality protections provided in state and federal law should be cumulative, and the federal legislation should provide a floor, not a ceiling and only preempt state laws that are less protective.

**Administrative Simplification**

NCSL supports the administrative simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA). These provisions: uniform claims forms, unified transaction and billing codes, guidelines for electronic claims processing and billing, and other related initiatives will result in improvements to our health care system. It is imperative that all affected entities, however; be afforded adequate time to implement these provisions. It is equally important for the federal government to coordinate all the related rules and regulations so that changes will not have to be made after implementation has begun. Federal and state governments should share information; however, confidentiality of medical records and information must be protected.
National Health IT Week 2015-2016 will take place October 5-9 and September 26-30. Key public and private healthcare constituents – representing the full spectrum of healthcare interests – will convene in Washington, DC and around the country to address implications for ongoing healthcare reform initiatives and promote understanding.

Initiated in 2006 by The Healthcare Information and Management Systems Society (HIMSS), National Health IT Week has emerged as a landmark occasion for bringing together diverse national healthcare stakeholders, who partner in developing neutral, common ground for the advancement of health IT adoption with "One Voice, One Vision." This October, nearly 400 public and private sector organizations throughout the nation will participate in the Tenth Annual National Health IT Week.

The National Conference of State Legislatures (NCSL) has worked closely with HIMSS and other stakeholder organizations to promote understanding among state policymakers of the contributions of health IT to improving the quality and safety of healthcare delivery and containing healthcare costs. National Health IT Week presents an opportunity for NCSL and other stakeholders to recognize the value of information technology and management systems to transform the United States healthcare system, improving the quality and cost efficiency for all Americans.

NCSL encourages its members to observe "National Health IT Week 2015-2016" in appropriate ways in their respective state capitals as well as in the Nation's Capital. NCSL also encourages its members to urge their respective delegations...
to the United States Congress to join in recognizing the benefits of health information technology as they act to improve health care for all citizens during National Health Information Technology Week.
States should regulate insurance and should continue to set and enforce solvency standards to provide oversight on insurance matters. NCSL opposes any proposals that would expand the preemption of state laws and regulations beyond those already established in the Employee Retirement Income Security Act of 1974 (ERISA) and the Patient Protection and Affordable Care Act (ACA). Federal remedies, that more closely resemble remedies available at the state level, should be adopted for consumers in ERISA plans. Federal health insurance legislation that establishes mandated benefits or uniform standards, should establish a floor, not a ceiling. The federal government should continue to give deference to state, local and tribal governments regarding the regulation of state, local and tribal government employee health plans. Finally, NCSL strongly opposes federal proposals to exempt any insurer, plan or entity from state insurance standards and laws if they are permitted to operate in the state market.

**Implementation of Federal Health Insurance Reforms**

When federal insurance reforms are adopted, the consumer should easily understand the implementation process and an intensive community education effort must be an integral part of program implementation. The federal government should fund and support federal laws that require state enforcement. Any federal legislation requiring state action to comply with the law must allow a reasonable period of time for state legislatures to adequately debate and enact the any necessary state legislation. Where states already have similar legislation in place, a process for declaring "substantial compliance" should be developed. Great deference should be given to states in the application of the "substantial compliance" doctrine.
Federal Demonstration Authority for States to Experiment with Innovative Health Care Reform Initiatives

NCSL supports federal initiatives to provide financial assistance and to authorize states to experiment with innovative approaches to: (1) increase access to health care services to the uninsured; (2) improve the quality and cost-effectiveness of our health care system, to increase access to the broad range of long term care services, especially home and community-based services, to individuals who need them; and (3) explore a broad range of approaches and financing mechanisms to improve our health care system.
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, prevention and control strategies, and helps strengthen state’s 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) to support grants and cooperative agreements to states and local governments for a broad range of public health activities; and (2) to support research and technical assistance, which aids states in the development and implementation of effective programs. In addition, NCSL wishes 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, Centers for Disease Control and Prevention, National Institute of Mental Health, Substance Abuse and Mental Health Services Administration and others should work with NCSL and state policymakers to reduce/eliminate health disparities by: (1) identifying the social determinants of health which lead to 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 by federally funded health and health care programs of data on race, ethnicity, sex, primary language, disability status, those living in rural and frontier areas and other characteristics identified by the Secretary of Health and Human Services 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 provide increased funding to the Department of Health and Human Services and relevant agencies, including the Centers for Disease Control; Office of Minority Health, the National Institutes of Health and etc. to: (1) implement the HHS Office of Minority Health’s National Partnership for Action to End Health Disparities (NPA) 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 that will align 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 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.**
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 Congress to continue to support public health education initiatives that are culturally sensitive, age appropriate and written at the appropriate educational level for the audience. It is imperative that these public health education initiatives integrate healthy lifestyle choices and disease prevention messages and strategies targeted for children, young adults, men, women, 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 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 - 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; cholesterol, hypertension, and cancer screenings. 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 also support efforts to ensure that children receive age appropriate check-ups and screenings that include recommended childhood immunizations; and 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 to 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, improve oral health literacy within the public, and 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.

**VACCINES AND IMMUNIZATIONS**

- **Childhood Immunizations** - NCSL supports initiatives 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 use 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 every child receives the recommended childhood immunizations and to improve immunization 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 high-
risk adults, young adults and older adults to receive all recommended
immunizations.

- **Vaccine Supply** - NCSL urges the Congress to 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,
  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.
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 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:

- 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 on-going efforts to respond to bioterrorism and other public health emergencies;

- 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, utilizing federal funds in the most efficient and effective way;

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

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

- build upon existing national and state efforts;

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

- 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. 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 providing training and assistance to front-line disease surveillance and response staff, offering clinical education programs, collaborating with state and local health departments, and 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 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) continues to help states to 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 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) audiologic evaluation by three
months of age; and (3) 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.

- **The Competitive Abstinence Education (CAE) 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.

**YOUTH VIOLENCE AND PUBLIC HEALTH**

Youth violence is a serious public health problem. According to the Centers for Disease Control and Prevention (CDC), a public health approach that includes multiple, evidence-based prevention strategies can result in community-wide and sustained reductions in youth violence. NCSL supports the establishment of a nationwide trauma-informed educational initiative by the federal government to address this critical issues. NCSL supports a strong state/federal partnership to increase education in violence prevention and post-traumatic stress disorder (PTSD) awareness. NCSL supports universal school-based violence prevention programs that help reduce violence and aggressive behavior.
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: provisions that: (1) initiatives to accelerate the disability determination and appeals process and to assure that people 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 people 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 continue for many. NCSL recommends that the Congress consider waiving the waiting period in some cases.

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

The federal Social Services Block Grant (SSBG or Title XX) 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 in the states. These services often allow individuals to receive services in their homes and communities, not in more expensive residential settings.

NCSL urges the federal government to:

1. fund the SSBG at the at least at the FY 2016 authorized level.

2. (1) as part of the enactment of the 1996 welfare reform act, $2.8 billion. 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. NCSL opposes earmarking SSBG for any of the populations served by the block grant, continue to authorize states to transfer up to 10 percent of their Temporary Assistance for Needy Families (TANF) funds to SSBG; and

3. 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 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

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 NCSL believes that the development of an efficient and effective energy assistance program is dependent upon 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.

In addition, NCSL also supports the use of interest subsidized loans to assist households to weatherize their homes.

NCSL believes that It is critically important that the Low Income Home Energy Assistance Program (LIHEAP):

1. includes all states in the funding allocation formula;
(2) affords states the flexibility to shape the program in a way which best suits the needs of its citizens and maintains strong state oversight of such programs;

(3) targets assistance to households with the lowest incomes and to households with infant, elderly, and/or disabled members;

(4) authorizes states to draw down program funds on an as needed basis; and

(5) prohibits counting energy assistance payments as income for the purpose of determining eligibility and/or benefit levels in other public assistance programs.

NCSL supports funding at the highest authorized level for this program.
The Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block grant provide critical assistance to state governments to help address alcohol, substance abuse, and behavior health issues using a broad range of strategies and services. The National Conference of State Legislatures continues to support these important programs. In recent months the U.S. Department of Health and Human Services has made a number of administrative changes to these block grant programs. Some of the changes anticipate the improved access to health insurance coverage for substance abuse and behavioral health conditions provided for in the Patient Protection and Affordable Care Act. Many of the changes involve more coordination between state agencies that provide substance abuse and behavior health services. Some of the changes assume a reduced need for some of the services provided through these block grants due to increased coverage through health insurance exchanges and the Medicaid expansion scheduled to occur in January 2012. NCSL urges caution in reducing resources to these programs until there is better information on the extent of the expanded enrollment in private coverage or Medicaid.

NCSL supports full funding for these programs as they will play an integral part in our nation’s strategy to expand access to mental health and substance use disorders services to more Americans.
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;
- 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; and
- 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.