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National Health IT Week will take place October 2-6, 2017. 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 2017" 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.
NCSL strongly supports the development of a secure interoperable system of electronic health information for the United States. Such a system has the potential to: (1) facilitate the coordination of health care regardless of patient location; (2) improve both the quality and efficiency of care; (3) provide easy access to health care information to both patients and health care providers, which can contribute to more informed decision-making on the part of patients; and (4) reduce medical errors and some of the fraud and abuse that plagues our health care system.

The potential benefits of an interoperable health information system cannot be realized unless: (1) consumers trust the system and want to participate in it; (2) the full range of health care providers trust the system and find it affordable and easy to use; (3) employers support the system and believe that it is cost-efficient and improves quality of care, and (4) states work collaboratively to address jurisdictional issues, such as those related to health professional licensure.

The key to the development of a successful interoperable electronic health information system is the development of a system that is secure and protects patient privacy. The Health Insurance Portability and Accountability Act (HIPAA) set important privacy standards that must be retained in such a system. It is critical that the current HIPAA law and regulations and subsequent laws and regulations enacted to facilitate an interoperable electronic health information system continue to establish a floor, but not a ceiling when it comes to protecting patient privacy and to the permissible use of stored data. Uses of stored health information data should be limited to treatment, payment, public health and research under federal law. Interoperability, not uniformity should be the focus of initiatives to get this important system in place. The security of the data must be a priority. Severe penalties should be established for individuals or entities that compromise information in the system. Every effort must be
made to make the system available and affordable to the widest range of providers and consumers.

NCSL also supports the establishment of grant, loan and demonstration programs to provide financial and technical support to health care providers, state and local governments, and other entities that will play a key role in the development and successful operation of an interoperable health information system. States should be permitted to supplement federal financial support to physicians and hospitals with state grant or loan programs for up to 100 percent of costs. Finally, it is critical that publicly financed programs such as Medicaid and Medicare become active participants in the system and that creating this capacity be a priority within the federal budget.
COMMITTEE: HEALTH AND HUMAN SERVICES

POLICY: BUILDING SELF-RELIANCE AND FINANCIAL INDEPENDENCE FOR LOW-INCOME FAMILIES

TYPE: DIRECTIVE

With the adoption of this policy language, which incorporates the language of three existing NCSL Policy Directives, the following Directives will sunset:

- The Homeless,
- Rewarding Work and Reducing Poverty, and
- Welfare Reform.

NCSL believes that the work of designing and sustaining a system of support for low-income families must be a bipartisan partnership between among the federal, state, and local governments and community stakeholder organizations to reduce poverty of low-income families and alleviate the problem of homelessness. NCSL urges the federal government to continue to provide flexibility to states to innovate with programs and services that move low-income families to financial independence, build self-sufficiency, diminish the long-term effects of poverty, and enable states to find solutions for the problem of homelessness. NCSL also believes that the federal government should encourage and support state efforts to address the underlying causes of poverty and support preventive strategies that improve outcomes for families and children living in poverty.

Measures of Poverty and Child Well-being

NCSL believes that the federal, state, and local government partnership should be supported to address the underlying causes of poverty, and to employ prevention strategies to improve outcomes for children and low-income families living in poverty. It is critical that anti-poverty efforts use measures that accurately capture economic needs, resources, and other factors that accurately depict elements which impact or
influence the economic health of families. NCSL supports efforts to create new measures alongside the current poverty measure which was created in 1963 by Mollie Orshansky, based on food expenditures. NCSL supports efforts to include the value of non-cash benefits and tax credits, count costs for health care, transportation, child care, housing and utilities, and geographic cost of living differences.

NCSL believes that the current measure alone does not give state policymakers the ability to accurately measure the effectiveness of ongoing and new initiatives to combat poverty. NCSL does not believe new poverty measures should be used to determine eligibility or level of assistance. New measures should emphasize the importance of strategies and actions that address the needs and opportunities of families and individuals rather than causing debate about the “perfect” measure.

NCSL supports bipartisan bicameral efforts to provide for a comprehensive child well-being measure that documents the effect of growing up in poverty.

**Anti-Poverty Efforts**

NCSL believes that any new federal initiative on poverty should identify key goals for state efforts, but allow states flexibility in deciding which goals to emphasize and how to harness state and community efforts to address those goals. Part of this framework should include outcome-based measures (well-being measures based in family and community conditions) that federal and state efforts measure and report. Accountability should be focused on these outcome measures, rather than program structure and rules.

States need flexibility to restructure their human service, workforce, health care and educational programs to address poverty strategically and in ways adapted to their goals and circumstances.

Federal efforts should:

- be designed to avoid shifting costs to the states,
- foster and enable state-based initiatives and strategies that reach across the full range and government, business and community based efforts to effectively reduce poverty,
- alleviate the effects of growing up in poverty, and
- build states’ workforce training and economic and job development efforts.

NCSL opposes charitable choice legislation that preempts state and local laws, is retroactive in its application, undermines existing state-federal grant programs and partnerships by offsetting their funding, creates new rights for states to be sued in federal court, and mandates participation on the states per federal guidelines.

**Earned Income Tax Credit (EITC)**

NCSL supports the federal EITC as a means of reducing poverty among working poor families, and ensuring that the benefits of work surpass the benefits of public assistance. NCSL believes that increasing public awareness is essential to the success of this program. NCSL strongly urges the federal government to work with states as partners to develop new and creative outreach strategies and information for eligible taxpayers. NCSL supports:

- federal efforts to increase the value of the credit, adjust the credit for family size, and eliminate the marriage penalty,
- expanding the EITC to single workers, especially noncustodial parents, to have the same impact on low-skilled workers,
- continuation of federal practices that allows states to use Temporary Assistance for Needy Families (TANF) and State Maintenance-of-Effort (MOE) funds for the state EITC, and this support should not be counted as “assistance” under the welfare law, nor should federal data reporting for assistance programs apply.

NCSL objects to increases to the credit that result in cost shifts to states. NCSL encourages the administration to provide states the maximum flexibility to administer their EITC programs, and believes the federal government should simplify the application for the federal EITC, which will reduce the paperwork burden and reduce errors.

**Temporary Assistance for Needy Families (TANF)**
NCSL supports the purposes of the TANF block grant, which provides grant funding to the 50 states, the District of Columbia and the territories for a wide range of benefits, services, and activities. It provides states the flexibility to meet specified goals of the program including:

- Providing assistance to needy families so that children can be cared for in their own homes or in the homes of relatives,
- Ending dependence of needy parents on government benefits through work, job preparation, and marriage,
- Reducing the incidence of out-of-wedlock pregnancies, and
- Promoting the formation and maintenance of two-parent families.

NCSL opposes federal regulatory actions that would limit state flexibility, constrain state policy choices or leave states facing financial penalties for not meeting federal work participation rates. States must be able to adopt a variety of goals for their TANF programs within a broad federal structure, including welfare to work and welfare avoidance programs for youth and low-wage workers.

NCSL supports:

- The concept that individuals receiving public assistance should be engaged in efforts toward self-sufficiency. NCSL urges the federal government to support the success that states have had with strategies to get welfare recipients into unsubsidized jobs in the private sector.

- Regulations that authorize states to deem compliant individuals with disabilities who fail to meet the work threshold or activity standards which TANF requires fall short of the hours of work threshold or in activities that fail to meet standard TANF requirements.

- Permitting states to determine if individuals applying for Social Security Income (SSI) meet the SSI threshold for an exclusion from the work rate calculation because they are unable to work prior to a Social Security Administration (SSA) determination.
▪ Excluding individuals unable to work due to temporary disabilities and ineligible for SSI from the work rate calculation.

▪ State options to collaborate and contract with religious organizations for family assistance services, within the boundaries of state and local laws.

NCSL urges the federal government to work with states on any changes made to the TANF to ensure the continuance of innovation in state and county programs. NCSL opposes the use of earmarks, preemption of state authority, or mandates on states as they compromise the spirit of the state-federal partnership. In addition, NCSL believes that altering regulatory standards on work requirements without partnering with states in their development could constrain state flexibility. NCSL urges Congress and the U.S. Department of Health and Human Services (HHS) to provide states with sufficient flexibility in making strategic TANF policy decisions to design their own programs in accord with community needs.

**Individual Development Account (IDA)**

NCSL supports federal efforts to provide incentives for the creation of Individual Development Accounts (IDAs) as a tool to promote financial self-sufficiency that complements state efforts to reform welfare and to support working families’ efforts to move out of poverty. NCSL urges the federal government to continue to allow states to have the flexibility to use TANF funds for IDA programs.

NCSL supports changes in the federal tax code that would expand opportunities for IDAs including a tax credit for financial institutions that participate with matching funds and for private entities that invest in nonprofits that administer IDAs. NCSL urges HHS to examine and eliminate barriers in the TANF program, including those associated with the Cash Management Improvement Act, to simplify administration of IDAs.

**TANF Funding**

NCSL strongly opposes congressional proposals to reduce the welfare block grant in TANF, the Social Services Block Grant (SSBG), Low Income Home Energy Program (LIHEAP) or any related welfare program. NCSL urges Congress to continue to provide full financial support for the TANF block grant, supplemental grants, and the
contingency fund, which provides additional financial support for qualifying states during an economic downturn.

NCSL believes that MOE requirements should continue to retain flexibility for the use of funds in any manner “reasonably calculated” to achieve TANF’s statutory purpose. NCSL opposes regulatory actions that restrict TANF’s use to a narrow list of programs and eliminates their use to meet work participation rates, or attach federal requirements to separate state programs should be stopped.

**Inflationary Adjustment**

NCSL urges Congress and the administration to consider an inflationary adjustment to the overall TANF block grant. An inflationary adjustment would enable states to respond to the increased demand for non-cash assistance, economic uncertainty and any emerging expectations of welfare reform. NCSL would oppose any imposition of an MOE requirement as a condition of receipt of funding unless the receipt of the additional funds were optional.

**State Legislative Authority (“The Brown Amendment”)**

A critical component of the 1996 law explicitly gave state legislatures the specific authority to appropriate their state's TANF, child care, and welfare-to-work funds. This authority invests state legislators fully in the TANF program and increases state oversight of TANF funds. NCSL strongly supports maintaining this language.

**Rewarding Work and Reducing Poverty**

NCSL believes that work is a critical component of welfare reform and federal law should support state efforts to create a continuum of self-sufficiency. Federal policy should facilitate and inform and encourage state-based and/or community and local comprehensive strategies.

NCSL supports the current work requirement, that after 24 months, all families should be engaged in work, as defined by the state, but NCSL urges the administration to make the following changes in the work participation rates:
▪ Eliminate the work participation standard states must meet that requires a higher work participation standard for the two-parent portion of their assistance caseload, which will help strengthen families by removing a barrier to marriage.

▪ Allow states to count all recipient work effort.

▪ Provide states greater flexibility to define what activities count as work, especially the combination of activities such as work, job training and preparation, education and treatment for alcohol and other substance abuse, and mental illness, and activities to meet the requirements of a domestic violence plan.

▪ Retain the 30-hour work participation rate as the standard.

▪ Continue to provide states credit for those who leave welfare. If the current caseload reduction credit is reduced or eliminated, it must be phased out to give states time to adjust to any changes.

▪ Provide states the option of including education leading to employment as part of the first 20 hours of work with the purpose of meeting state work participation rates and give states the flexibility to count post-secondary programs that lead directly to good jobs.

▪ The time limit on post-secondary education programs should be extended from 12 months to 24 months.

▪ Retain 20-hour requirement for a parent with a child under six.

▪ The focus on work should not come at the exclusion of necessary basic or vocational education that would enhance skills, job retention and earnings. NCSL has always urged the federal government to leave the decision on when and how education should count for each client up to the states, like other TANF benefit and services decisions. The current policy that limits the amount of time and caps the number of clients engaged in vocational education does not consider state decision making. State legislators support efforts to expand the length of time a recipient can be in vocational education, and to lift or increase the cap on a percentage of the caseload that can be counted. NCSL supports giving states more flexibility to define education, and to give credit to those engaged in Adult
Basic Education and English as a Second Language and post-secondary education.

- Continue to support states ability to use TANF funds for subsidized employment programs.
- Permit states the flexibility to define sanctions for noncompliance with welfare rules including work requirements.

NCSL supports:

- The adoption of credits to reward state success in moving families to employment. Such credits would benefit states that focus their efforts to get recipients into jobs that promote long-term self-sufficiency.
- Continued state flexibility to address issues of drug use among TANF recipients, and opposes new federal mandates in this area.

**Time Limits**

NCSL believes that federal policy should always encourage work, educational or career training goals. When a parent is working, and receiving benefits, states should have an option to extend or exempt these workers and their families from the federal time limits. NCSL believes the current policy should continue to:

- Provide states flexibility to determine their own time limits.
- Allow states to decide to maintain separate state programs under MOE or segregate their MOE spending in an existing program, to use the funds with greater flexibility.
- Maintain the ability of states to exempt 20 percent of their caseload, as defined by the state, from federal time limits.

NCSL supports efforts that would distinguish cash support from non-cash support. Currently housing, food and cash count as "assistance" and NCSL urges Congress to separate housing from other forms of assistance.

NCSL urges Congress and the administration to carefully examine how the SSI and SSDI programs can be better coordinated with the TANF program and state efforts to help everyone achieve the maximum level of self-sufficiency possible.
Data Collection and Reporting Requirements

NCSL opposes the establishment of a national error rate for TANF and Child Care and Development Block Grant (CCDBG) programs under the Improper Payments Act.

Welfare Waivers

NCSL strongly believes that states need flexibility for further innovation, and states should be given options rather than waivers for policy changes, rather than waivers for policy changes which require further evaluation. NCSL strongly believes that states must be able to continue current federal waivers as well as receive new federal waivers for welfare reform. The elimination of current state waivers will substantially undermine current state programs.

Other Work Supports

NCSL believes that work associated expenses such as uniforms, tools and texts are an additional barrier to employment. NCSL urges the federal government to provide adequate funds and eligibility disallowance for work expenses. NCSL encourages the federal government to link programs that assist low-income families with housing needs and self-sufficiency efforts so that those who return to employment are not in danger of losing their housing assistance and can earn their way out of poverty.

Financing Welfare Reform

NCSL strongly opposes federal efforts to finance welfare reform through cost-shifting to the states through:

- unfunded mandates,
- transfer of support for needy populations to state government through elimination of programs for legal immigrants, substance abusers persons misusing substances, homeless families and families in crisis, and benefit funding by the federal government and transferring the burden to state-funded, nonprofit programs, and public hospitals,
- capping current open-ended entitlements, and
unrealistic assumptions about savings from recipients leaving welfare or receipt of child support enforcement.

**State-Federal Partnership for Anti-Poverty Efforts**

NCSL believes that federal policy should facilitate and inform state efforts, and urges the federal government to consider the impact of any new welfare strategies on other state and federal systems that serve children and their families. There must be coordination with the myriad employment and training, and retraining programs, and community revitalization programs.

NCSL urges that the federal government to include funds for technical assistance to states as part of any national reform efforts. NCSL believes adequate implementation time is necessary, especially if states must make changes in state law to comply with new federal requirements. Regulations must be issued in a timely fashion and continue to promote state flexibility.

**Alleviating Homelessness** (updated and pulled from the Homeless Directive)

NCSL believes a collaborative strategy among all levels of government is the most effective strategy to address homelessness, and the federal government, in cooperation with state efforts, must assume a leading role. NCSL urges Congress to continue funding for programs that were originally authorized in the McKinney-Vento Homeless Assistance Act including:

- Projects for Assistance in Transition from Homelessness (PATH),
- Grants for the Benefit of Homeless Individuals,
- Runaway and Homeless Youth Program,
- The Basic Center Program, which provides short-term shelter and services to youth under age 18,
- The Transitional Living Program, and
- The Street Outreach Program, which provides supports to runaways and homeless youth.
In addition, NCSL believes that McKinney-Vento Homeless Assistance Act funds should be used to augment existing state programs and to address individual state needs. To operate these programs in the most cost-effective and efficient manner states must be given flexibility with funding and program administration. NCSL encourages Congress and federal agencies to work with states to support their efforts by:

- Providing a consistent program funding stream,
- Disseminating information on available McKinney funding,
- Providing technical assistance, operational guidance and training, and administrative support, and
- Actively making available to states, localities and non-profit agencies, under-utilized or vacant federal properties as potential sites for shelter or other services.

NCSL supports the efforts of the U.S. Interagency Council on Homelessness that leads the national effort to prevent and end homelessness in America. The Council drives action among 19 federal member agencies, and fosters partnerships at every level of government and with the private sector to achieve the goals of the federal strategic plan to prevent and homelessness.
NCSL urges Congress to continue its support of state initiatives and creative approaches in offering high quality and safe child care. In partnership, the state and federal governments can address the wide spectrum of needs for child care in the community offered in varied delivery settings ensuring parent choice quality and affordability.

**Child Care Development Block Grant (CCDBG)**

NCSL strongly supports full funding for the Child Care Development Block Grant Fund (CCDBG) program, which serves as the main source of federal funding dedicated primarily to child care subsidies for low-income working families. As child care needs vary in the states, NCSL opposes restrictive CCDF regulations that restrain state autonomy in directing the use of funds, and proposed changes to the CCDBG that include additional mandates.

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

- enabling welfare recipients on wait lists to gain employment,
- ensuring that former welfare recipients do not return to the welfare rolls,
- meeting the special needs of children with disabilities,
- providing care for infants and older children in after school care, and
- ensuring access to care for children of parents who work off shift and non-traditional hours.

NCSL urges Congress and the U.S. Department of Health and Human Services (HHS) to maintain and support state flexibility as they examine and revise the CCDBG. In addition, NCSL opposes earmarking CCDBG increases in funding as they would reduce state flexibility, which is crucial to state innovation. The portion of unobligated CCDBG funds should remain consistent with congressional intent and leave the use of those funds to the discretion of the state for their CCDBG programs. NCSL urges the federal
government to not withhold funding from states that choose to operate their programs under stricter standards than the federal standards.

**NCSL supports the following program flexibility options for states:**

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

**Funding**

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

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

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

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

**TANF and Child Care**

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

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

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

**Standards**

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

**Taxes and Benefits**

NCSL supports options through use of federal and state tax incentives that can encourage creation of child care programs and help parents better afford child care services. NCSL supports:

- Tax credits for employers that establish, operate, supply and/or support child care programs,
- Public or private incentives for a child’s primary caregiver to have the option to stay at home during the child’s early developing stages;
- Tax credits for taxpayers with dependents under compulsory school-age;
- Child care benefits as an option in employer-sponsored cafeteria plans, including pre-tax flexible spending accounts;
- Retention of the Dependent Care Tax Credit as it exists under current law; and
- Tax incentives to encourage individuals to establish and/or operate child care programs;
- Options that enable states to create or allow the development of public private partnerships to strengthen the child care system.
NCSL supports federal efforts to protect and promote the welfare of all children; prevent child abuse, neglect, or exploitation; establish a system of family support services; permit children to remain in their own homes or return to them whenever it is safe and appropriate, or promotes kinship and guardianship placements when it is not; promotes safety, permanency, and well-being for children in a range of foster care alternatives or with adoptive families; strives to ensure educational stability for foster care children; and provides training to ensure a well-qualified child welfare workforce.

NCSL believes the primary goal of child welfare services should be to ensure the safety of children, to support the integrity of the family unit ensuring the safety of children, and lessening the need for long-term intervention. Supportive services to families is critical in reducing the number of children in the foster care system and NCSL urges Congress to continue federal support of:

- programs that preserve the family unit, or reunify families after child welfare service intervention is required, and
- state initiatives and creative approaches in developing cost effective alternatives to foster care.

States must be able to rely on clear federal guidance, technical assistance, and support for training to successfully and efficiently implement this comprehensive system of child welfare services. However, states should be afforded flexibility to better administer and coordinate service delivery of these programs coupled with their various supporting systems including children’s mental health services, the juvenile justice system, and other programs offering Temporary Assistance for Needy Families (TANF), housing assistance, educational services, and health care delivery.

NCSL also supports federal efforts to improve and encourage judicial processes in child welfare cases to support state efforts to sustain the integrity and efficiency of these
programs through interagency training, budgeting, planning and conflict resolution as well as integrated data systems.

NCSL opposes any efforts to earmark or restrict the use of federal funding and urges the Department of Health and Human Services (HHS) to permit states to determine the use of funding within their communities. In addition, any caps on administrative funds should not categorize the vital work done by caseworkers as an administrative cost.

**Foster Care**

NCSL urges the federal government to support the Foster Care program as an open-ended entitlement program under the Title IV-E of the Social Security Act. These funds support out-of-home care, administrative costs, training for state agency staff, and foster care advocates, and adoptive and foster care parents. NCSL opposes any proposals to cap Title IV-E expenditures. In addition, technical assistance efforts are needed to help states understand the complicated reporting system, find effective ways to maximize federal dollars, and enhance revenues for innovative service techniques.

Specifically, NCSL urges the federal government to:

- Promptly pay state claims,
- Refrain from imposing stringent time limitations on the submission of state claims,
- Monitor and review state performance fairly while giving states tools for improvement,
- Continue to emphasize services and other programs designed to help children at risk of foster care placement remain with their families,
- Define and support the separation of states’ reporting foster care administration activities from child placement activity amounts,
- Entrust states to determine when and if a congregate care setting is appropriate for foster care placement,
- Support the concept of giving priority to custody and placement with family members over placement in a foster home with non-relatives, unless determined by the court that placement in the foster care system is in the best interest of the child. Federal
funds should also be made available to support services for caretaker relatives. NCSL opposes federal actions that would eliminate federal reimbursement for relative foster care that is non-licensed or limits state flexibility in allowing a relative to care for these children,

- Support states in assisting youth 18-21 who are transitioning from foster care to self-sufficiency, and offer flexibility to expand services to different ages for foster care adoption and relative guardianship. Congress should support programs like the John H. Chafee Foster Care Independence Program, that funds education and training vouchers for youth aging out of foster care,

- Increase the recruitment of and training for foster care and special needs adoption providers, and supportive services inclusive of respite care as appropriate.

- Provide the necessary coordination of services to high risk children and families under the scrutiny of the child welfare system including:
  1. Health and mental health care,
  2. Drug and alcohol abuse treatment and services,
  3. Education and job training services, and

- Promote policies that keep children in their own communities and schools, and

- Not restrict state authority to determine the criteria for termination of parental rights if it should be necessary to do so,

- Support states in addressing the challenges they face in meeting the needs of Native American children within the federal and tribal government requirements.

**Child Welfare Workforce**

NCSL is concerned about the supply and quality of the child welfare workforce, and supports federal efforts to develop that workforce including funding for training, student loan forgiveness, and funding to states to improve staff training and reduce caseloads.

**Information Services**
NCSL supports HHS efforts to develop a national information system to track data on families in the child welfare system to solicit critical child welfare data particularly with respect to outcomes for children and the impact of problems such as substance abuse and the effectiveness of treatment options.

**Adoption Assistance and Services**

Under Title IV-E of the Social Security Act, states, territories, or tribes with an approved Title IV-E plan are required to enter into an adoption assistance agreement with the adoptive parents of any child who is determined by the Title IV-E agency to have “special needs.” NCSL believes adoption incentive funds enable states to implement a range of programs including support for foster and adoptive parent, and other child welfare services. NCSL supports incentive criteria that considers the population of special needs children without defining them in terms of age alone. NCSL also supports assistance with post-legal adoptive and respite services that is critically needed for families adopting these children, many of whom may have health and mental health problems as they mature.

A state with a Title IV-E plan approved by HHS may seek federal reimbursement for a part of the cost of making payments agreed to under Title IV-E adoption assistance agreements and for related program administration costs, including training. NCSL urges HHS to reimburse states for program expenditures in a timely manner for claims owed to the state for adoption assistance. NCSL requests that Congress and the administration consider potential unintended consequences resulting from changes in the funding structure that might fundamentally alter the capabilities of the program.

The Interstate Compact on Adoption and Medical Assistance, which has been adopted by 49 states and the District of Columbia and governs procedures by which Medicaid coverage and other supportive services of adopted children may be transferred between states. For adoption subsidies to be effective, adoptive parents must be assured that coverage will be provided, regardless of their state of residence. In some cases, interstate adoption may present the only opportunity to place a child. Differences in state law and policy create special concerns with respect to the apportionment of legal and financial responsibilities. NCSL urges HHS to support these efforts and work with
states in providing continuity of services for adoptive families when they relocate to another state.

Flexible Funding for Children's Services

NCSL urges the federal government to provide states the flexibility they need to reform children’s services systems and to meet locally determined community needs, and remove federal regulatory barriers that often impede state efforts. States should also be given options to use a portion of their funding for foster care maintenance payments for child welfare and family services, especially when utilization of foster care funds is reduced.

NCSL opposes a reduction or limitation of funding that caps Title IV-E for these programs as a condition of children's services proposals. NCSL urges Congress to consider delinking foster care eligibility from AFDC eligibility for all states and move towards reimbursement for all children in care, as the states determine.

Child Abuse and Neglect

NCSL supports early identification, intervention and treatment of children who are victims of or at risk for child abuse, and neglect or trafficking, and believes in the importance of efforts to reduce the incidence of abuse, whether it be physical, sexual, emotional, or any neglect relative to a child’s health and welfare.

NCSL strongly supports the federal Child Abuse Prevention and Treatment Act and urges that it be fully funded at the levels authorized by Congress to assist states to respond to increased incidents of abuse and neglect.

NCSL encourages the federal government to support states in training mandatory reporters, and opposes federal preemption in defining who is a mandatory reporter.

Families with Addiction Treatment Needs

NCSL urges the federal government to support the addiction treatment needs of families who come under the scrutiny of the child welfare system. State legislators are concerned that many women with substance use disorders are pregnant and current treatment programs are ill-equipped to provide services to this population.
NCSL supports:

- Rehabilitation programs that include appropriate child care for children and addicted mothers, and federally-funded programs that do not deny access to drug and alcohol programs on-the-basis of pregnancy,
- Federal incentives for partnerships between substance abuse and child welfare agencies to conduct cross system training of staff, improve screening and assessment procedures, provide comprehensive treatment and prevention programs, after care services, and improve data collection,
- Federally-funded programs that recognize that public policy utilizing criminal penalties vs. rehabilitation and collaborative efforts can be a disincentive to women in seeking prenatal care, and these interventions must be properly funded and implemented to prevent substance use disorder before women become pregnant, and
- The use of employee assistance professionals at the worksite to help impaired employees become more productive in the workforce and in society.

**Family Violence**

NCSL supports the federal efforts designed to assist states in their efforts to prevent family violence, provide immediate shelter and related services to victims, and offer trauma informed training and strategies and technical assistance to state and local agencies on program administration.

- Federal incentives for coordination between child welfare systems, domestic violence agencies, and juvenile courts, and services to at-risk households, such as emergency crisis services, in-home services, and parent and family counseling should be continued.
- Demonstration grants to support state efforts to increase the number of supervised visitation centers as a neutral location for protective temporary transfers of custody and on-site supervised visits of children should be continued.
THE FOOD AND DRUG ADMINISTRATION SAFETY AND INNOVATION ACT

The National Conference of State Legislatures (NCSL) supports efforts to improve the safety and quality of our drug supply included in including the FDA Safety and Innovation Act including which:

- Enhances the safety of the drug supply chain,
- Provides incentives to drug manufacturers to develop new antibiotics effective pharmacotherapies,
- 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.

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 (HHS) 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** — NCSL supports Congressional actions through the
Ryan Haight Online Pharmacy Consumer Protection Act to:

• Establish disclosure standards for internet pharmacies,
• Prohibit dispensing of prescription drugs over the internet to persons who have not
  been seen by a physician, and
Authorize state attorney generals to **shutdown** non-complying sites by using the federal court system.

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

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

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. NCSL believes S-state drug pedigree laws should not be preempted unless a workable, a national standard is adopted that provides at least the same level of protections as the state laws. The FDA should assign a high priority to initiatives to both identify quantities and **assure** ensure 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 of either call for a vigorous and vigilant response by the federal government.
ACCESS TO AFFORDABLE PRESCRIPTION DRUGS

Importing Prescription Drugs - The NCSL believes that it should be a national priority to expand access to affordable prescription drugs. NCSL supports efforts to explore More and more people have become interested in exploring the feasibility of importing prescription drugs from other countries to move toward the goal of containing costs and improving access to safe, and effective pharmaceuticals.

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 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 to make it a priority to explore ways to: (1) increase the number of individuals with health insurance, thereby increasing access to prescription drug coverage; and (2) increase the affordability of prescription drugs.

The following language is already included in the NCSL Policy Directive entitled Federal Regulation of Interstate and Internet Tobacco Sales.

FDA Regulation of Tobacco and Tobacco Products

The Family Smoking Prevention and Tobacco Control Act of 2009 establishes the 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.

The following language has been moved from the NCSL Resolution entitled Health, Human Services and Food and Nutrition Programs, Legislative, Regulatory, and Administrative Initiatives (2016-2017).

**Regulation of Compounding Pharmacy**

NCSL urges the FDA to work closely with state legislators, state public health officials, state boards of pharmacy and other important state and local officials, and providers and industry representatives to develop procedures and systems that retain state regulatory authority where appropriate and that will improve the overall safety of the nation’s pharmaceutical supply chain—and the regulation of compounding pharmacies with a particular emphasis on the “non-traditional pharmacy compounding” that has become important to our overall health care system.

**State Prescription Drug Monitoring Programs**

NCSL supports the five-year reauthorization of the National All Schedules Prescription Electronic Reporting Act (NASPER) adopted in the Comprehensive Addiction and Recovery Act (CARA). NCSL is particularly interested in continued discussions to increase the effectiveness and interoperability of State Prescription Drug Monitoring Programs (PDMPs) and looks forward to working with federal partners to expand and improve the programs.
The partnership between the states and the federal government on health, human services and food and nutrition programs is critically important. The underlying goal should be to achieve mutually agreed upon goals that produce improved outcomes and achieve program efficiencies and savings for federal, state and local governments. It is equally important that the basic tenets of federalism carry throughout the partnership.

State Sovereignty

When federal law requires a declaration be made on the part of the state, the law should simply require “the state” to take the action and allow the state to determine the appropriate state entity to fulfill the requirement. Alternatively, when a federal agency implements the law, the agency should also let the state determine the appropriate entity or individual instead of making its own determination. Federal laws authorizing grants to states should include legislative language stating that grant funding should be expended “according to state law”. NCSL supports accountability and transparency and welcomes public feedback and participation. NCSL supports a strong role for state legislatures in program oversight and urges the federal government to give states the flexibility with regard to public notice and the solicitation of public input related to program proposals, program design and benefits, administration and implementation.

Consultation with States

NCSL also urges the Congress and the Administration to seek the counsel and expertise of state legislators as key health, human services, and food and nutrition programs and initiatives are being developed. It is particularly important that federal agencies take the state consultation requirement seriously when drafting legislation and developing regulations to implement programs. It is especially important that the
agencies consider and detail the impact of federal regulations on state governments. Finally, we NCSL strongly urge the Congress, when drafting legislation, and the Administration, when implementing laws, to respect the state budget and legislative process and provide adequate time for states to comply with federal requirements, which often requires the passage of state legislation and the appropriation of funds.

**State Flexibility**

States should be afforded maximum flexibility when implementing federal programs. We understand that this flexibility must be accompanied by accountability and transparency on the part of states. Unnecessary uniformity compromises the effectiveness of programs by making it impossible for states to respond to local conditions.

**Reporting and Data Collection Requirements**

Reporting requirements are important, but should be limited to requirements where there is a reasonable expectation that the data will be used to further program goals. In addition, efforts must be made to impose data collection and reporting requirements in the least burdensome way possible.

**Program Funding**

**Cost-Shifting** - NCSL opposes federal initiatives that would shift costs to states by: (1) imposing unfunded mandates on states; or (2) requiring states to adhere to existing requirements while reducing the level of federal assistance.

The following language can be found in the NCSL Budgets and Revenue Committee Policy.

**Current Federal Law and Practice** - The Congressional Budget Office does not recognize unfunded mandates in federal entitlement programs. NCSL believes all unfunded mandates should count, be scored and subject to additional scrutiny during the legislative process.

**Restrictions on State Taxing Authority** — NCSL opposes federal legislation that restricts state taxing authority and other means of generating revenue.
Block Grant Restrictions - When individual programs and their funding are consolidated into a block grant, we urge the Congress and the federal administration to refrain from establishing set-asides and funding mandates that severely reduce the flexibility that states expect from a block grant.

Treatment of “Legacy States” - Every effort should be made to fund programs in a way that is equitable across the states, while also recognizing and addressing the different circumstances among the states and the varying needs of their constituents. Too often, legacy states, innovative states that take the first step on a new approach, are disadvantaged when federal programs mirroring their own are enacted. These states should receive special consideration and not be penalized for being innovative.

Waivers - NCSL urges the Congress to authorize waivers and the Administration to grant waivers, where appropriate, to permit states to develop innovative programs and service-delivery systems in health, and human services and food and nutrition programs. Successful waiver programs should be brought to scale and integrated into the underlying program when and where appropriate, instead of requiring every state to apply for the waiver.

Technical Assistance – NCSL appreciates supports technical assistance provided by our federal partners. This is an important component of the state-federal partnership and is critically important in facilitating strong relationships between federal and state program administrators and state elected officials.

The following text in red was transferred from the Health, Human Services and Food and Nutrition Programs, Legislative, Regulatory, and Administrative Initiatives (2016-2017) (Resolution).

MEDICAID

The Medicaid program represents a significant portion of states’ economies and any changes should avoid further damaging already weakened economies.

NCSL believes that the Medicaid program represents the state federal partnership to improve the health of those vulnerable children and adults with healthcare needs in our communities.
Funding – Proposals to cap the Medicaid program fundamentally change the relationship between the states and the federal government by inappropriately transforming a full partnership into a limited partnership, and shifting both costs and responsibility to state governments without adequate authority to manage costs. If federal funds are capped, states must be authorized to reduce or limit services, eligibility and/or payments to beneficiaries and service providers.

Provider Tax Limitations

NCSL opposes further restrictions beyond those imposed in the Medicaid Voluntary Contributions and Provider-Specific Tax amendments of 1991 on states’ ability to impose provider-related taxes.

Waivers - NCSL urges the Administration to continue and to expand state flexibility in the Medicaid program through demonstration programs, Section 1115 waivers, and Section 1332 waivers. NCSL urges the Administration to permit bold, innovative programs to be tested and to provide technical support to states as needed. Successful demonstration and waiver programs should be replicated.

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 become effective upon some triggering event, such as an economic downturn, natural disaster, act of terrorism, pandemic or other public health emergency, and 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.

Judicial Reforms - State Medicaid dollars are increasingly tied up in costly federal litigation. NCSL urges the Administration and the Congress to work with state officials on developing strategies to reduce the volume of litigation by clarifying and simplifying Medicaid statutory provisions that are too vague or too prescriptive for states to properly administer. NCSL also urges the HHS U.S. Department of Health and Human Services
to provide technical assistance to states regarding Medicaid services/issues that are the subject of litigation in several states so that states may find ways to successfully provide the services in question without litigation. Under current law, it is extremely difficult for states to vacate or modify the terms of these consent decrees, which means policymakers are hobbled in their ability to govern responsibly. NCSL supports federal legislation that allows for periodic reexamination of consent decrees to which a state is a party, other than consent decrees addressing school desegregation or other actions brought under Titles VI or VII of the Civil Rights Act of 1964, upon motion of the state and which. This would make it easier for states to vacate or modify consent decrees as current state circumstances may require.

**Medicaid Expansion Options**

NCSL urges the Secretary of the HHS Secretary to support and explore a broad range of alternative approaches to provide affordable coverage for low-income people through the Medicaid program, in addition to the provisions in those established by the Patient Protection and Affordable Care Act (ACA), to provide affordable coverage for low-income people through the Medicaid program.

**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 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 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 is important and necessary to assure program integrity and to improve program quality. NCSL urges the Congress and HHS 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 the overall effort to improve access and quality.

Dual-Eligibles

Federal Coordinated Health Care Office (Medicare-Medicaid Coordination Office)

–NCSL supports the establishment of the Federal Coordinated Health Care Office within
the Centers for Medicare and Medicaid Services (CMS) 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

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.

NCSL urges CMS to continue to provide funding and technical assistance to develop
person-centered approaches to coordinate care with providers across the health care
system for dual eligible individuals. NCSL is in support of these demonstration projects,
and believes they provide maximum flexibility to states to explore options that may
improve the quality of life and health outcomes for dual eligible individuals.

Effective Management in the Medicaid Program

Costs

NCSL urges Congress and the Administration to give states flexibility to effectively
manage their Medicaid programs through innovative utilization and care management,
service delivery, and contracting models. costs by modifying certain sections of the
Social Security Act, such as: Section 1927 of the Social Security Act that, which
prevents states from using drug formularies to constrain the cost of prescription drugs.
The Specifically section should be modified to remove the requirement that states cover
every drug for which a manufacturer signs a rebate agreement should be removed.

Medicaid Managed Care

NCSL urges the CMS to: (1) work with states as partners and stakeholders in
establishing minimum operational and quality standards for managed care entities
contracted contracting with states for the delivery of services and benefits to Medicaid
and or 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’s federal matching funds, as the state begins implementing new requirements; (3)
offer states flexibility in administering their managed Medicaid and CHIP programs
which meet so that each program meets the unique characteristics and needs of their
states and populations the state and its citizens; and (4) support state innovation.

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.
COMMITTEE: HEALTH AND HUMAN SERVICES COMMITTEE

POLICY: IN SUPPORT OF STATES DETERMINING THEIR OWN MEDICAL CANNABIS POLICIES TO COMBAT THE OPIOID CRISES

TYPE: RESOLUTION

NCSL is concerned that the United States is the largest consumer of opioids in the world and leads the world in number of deaths per day from opioid related causes at an average of 91 deaths per day. NCSL is also concerned that the Medicare and Medicaid programs pay a significantly larger share of expenses for opioid pain relievers, and that a high percentage of all money spent on prescription opioid drugs comes from these programs.

NCSL believes that there is ample evidence that states that have medical cannabis programs have accomplished a significant reduction in the number of opioid related deaths with resulting fewer hospitalizations related to opioid related deaths in states that have passed medical cannabis programs.

NCSL is encouraged that medical cannabis research has demonstrated effective management of chronic pain resulting from injury, cancer, HIV/AIDS, multiple sclerosis, nerve damage, and other ailments.

NCSL urges the federal government to make medical cannabis policy a national priority to expand access to affordable medicine. NCSL believes that medical cannabis can be an effective tool in combating the national opioid crisis and urges the federal government to grant states the authority to create their own medical cannabis polices.

NCSL asks the Department of Health and Human Services, the Office of National Drug Control Policy, and Drug Enforcement Administration, the Food and Drug Administration and other relevant federal agencies to work closely with state and local officials, healthcare providers and industry representatives in developing programs that use medical cannabis to combat the opioid crisis and reduce preventable deaths.
The National Conference of State Legislatures (NCSL) supports the state-federal partnership to provide nutrition assistance to those in need. State legislators are concerned about the vast numbers of hungry persons, and particularly the severity of hunger among childhood and aging populations. The Supplemental Nutrition Assistance Program (SNAP) Emergency Food Assistance, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Child Nutrition programs alleviate and prevent hunger and enable families to improve their health and be more productive at school and at work.

**SNAP: Supplemental Nutrition Assistance Program/Food Stamps**

NCSL urges continued federal financing of the SNAP program at levels sufficient to provide assistance to all that are eligible, in need due to the rising cost of food. NCSL also urges Congress and the Administration to continue to work toward making SNAP and Temporary Assistance to Needy Families (TANF) block grants more compatible. Especially in times of economic hardship, this program, along with other nutrition assistance programs, offers a vital safety net for low-income Americans.

NCSL opposes proposals that would impose costly administrative burdens and mandates on state governments, as such measures remove state flexibility that is critical to cost-effective administration of SNAP.

NCSL supports U.S. Department of Agriculture (USDA) initiatives that provide administrative flexibility through the waiver process allowing states to implement administrative efficiencies such as telephone interviews, and Combined Application projects, and to develop partnerships with community stakeholder organizations to improve quality, efficiencies and overall nutrition access.
NCSL supports making successful processes that were developed under waivers states options and encourages benefits to be adjusted to reflect increased food costs and other necessities.

**SNAP Benefits and Program Design**

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

- Permit the promotion and acceptance of SNAP at farmer's markets and other non-grocery store, produce oriented venues, for example: from a small farmer; and
- continue to support current state options regarding categorical eligibility and "heat and eat;"
- eliminate annually indexed caps on excess shelter deductions to allow families to deduct high shelter costs;
- adopt the formula that each October sets the benefits for food price inflation annually to reflect the Thrifty Food Plan for the previous June;
- exclude the first $150 a month by a non-custodial parent paid as child support from consideration as income in determining the SNAP allotment;
- expand state flexibilities with employment and training (E&T) programs to help recipients become employed or train while still meeting SNAP employment policy and; promote program simplification and coordination between TANF and the SNAP programs;
- periodically reevaluate the rules concerning the value of a vehicle that a recipient may own and still receive SNAP benefits;
- continue to provide federal support and technical assistance for outreach;
- enhance and simplify application and eligibility determination procedures through supporting Web-based screening tools, permitting seniors and the disabled to apply at Social Security offices, and allow use of joint applications;
- maintain state options regarding child support cooperation as a condition of eligibility for SNAP. NCSL supports the elimination of the fee for SNAP recipients' child
support collection efforts as a further incentive toward child support enforcement participation.

- maintain state options to disqualify for SNAP eligible individuals that fail to cooperate with child support enforcement authorities or are in arrears on child support obligation. NCSL supports this option and opposes changes that would mandate these actions.

- **SNAP and Legal Immigrants**

NCSL supports SNAP eligibility for legal immigrant children and families.

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

**SNAP Employment and Training Program (SNAP E&T)**

NCSL supports the objectives of self-sufficiency promoted by the SNAP Employment and Training program (SNAP E&T), and will work with the federal government toward that goal. NCSL urges Congress and the Administration to allow states flexibility to create, fund and integrate SNAP E&T programs with similar state programs particularly TANF and the Workforce Innovation and Opportunity Act (WIOA).

In addition, NCSL appreciates the USDA’s willingness to grant states waivers of the three-month rule in areas impacted by high unemployment, and USDA’s technical assistance to states.

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

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

NCSL also urges improvements in the ability to appeal waiver decisions, the placement of statute of a state's right to reinvest claims and the broadening of quality control's scope to include outcome measures of other program goals.

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

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

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

NCSL believes that states should be allowed to negotiate the terms of EBT with both food marketers, farmers' markets and financial institutions. NCSL opposes preemption of state laws that govern financial institutions in their goal of a nationwide EBT system.

As additional income support programs are added to EBT systems that are state-only or state-federally governed, the federal government must not preempt state benefits law.

NCSL is concerned about the overestimation of savings by EBT systems. Currently, the federal government recoups savings by eliminating the creation, handling and storage of paper coupons and by fraud reduction. NCSL urges the federal government from over-promising savings to the states, especially those from fraud reduction, and urges further study of the impact of EBT on states. Many of the current systems are obsolete and barriers remain for states to combine their information systems across programs to increase efficiency of program delivery. This is especially problematic given current state fiscal conditions. NCSL also encourages Congress and the Administration to continue initiatives around summer feeding and EBT with the aim to secure a
permanent summer EBT program, including adding monthly funding to family’s EBT
cards and include funding for state startup costs.

**SNAP Program Flexibility and Waivers**

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

**Emergency Food Assistance and Commodity Distribution**

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

**Child Nutrition**

Congress has enacted the following additional child nutrition programs: School
Breakfast, Special Milk, Summer Food Service (SFP), Child and Adult Care Food,
Nutrition Education and Training Program (NET) and the Special Supplemental Feeding
Program for Women, Infants and Children (WIC). NCSL believes that substantive
federal support of these programs is essential and urges Congress to reauthorize
legislation to continue and fully fund these programs. NCSL urges the USDA to
emphasize the importance of nutritionally-appropriate foods, and avoiding those high in
sugar, fat and sodium.
NCSL notes that accurate eligibility determination is important in any federal program, but efforts to ensure that only eligible children are served must not serve as a deterrent on program participation. NCSL supports the USDA proposal to create a pilot program for school districts to enable them to provide more nutritious alternatives that would allow such experimentation without risk of financial loss to those schools.

WIC

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

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

School Breakfast and Lunch Programs

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

The provision of federally-funded start-up grants would enable many schools with large numbers of low-income children to initiate the school breakfast program. NCSL believes that these programs are important and that schools should be encouraged to continue providing these nutritional meals. NCSL recommends that a study be conducted that
would consider alternative financing scenarios that would retain program universality. NCSL urges the USDA to pay attention to nutritionally-appropriate foods. School breakfast programs are also an important part of ensuring that children have proper nutrition and are ready to learn, and NCSL supports federal initiatives in this area.

NCSL supports the USDA proposal to create a pilot program for school districts to enable them to provide more nutritious alternatives and would allow such experimentation without risk of financial loss to those schools.

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

Children who qualify receive a third to one half of their total early nutrient intake from the school lunch program, yet only one in five of those children who receive lunch at school could receive a summer lunch. NCSL believes that there is value for these children to receive nutritious meals throughout the year. The Summer Food Service Program for Children (SFSPC) is especially valuable as more mothers leave welfare to return to work full-time. SFSPC serves as an additional resource for summer programs to ensure that children are not left unattended and hungry.

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

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

The Child and Adult Care Food Program (CACFP) provides assistance to child and adult day care providers so that nutritional meals are provided to children and seniors. These feeding programs are the major federal support of child care, and are critical support to low-income children. Upon feedback from senior participants NCSL also supports flexibility allowing seniors to transport uneaten food they receive while participating in this program. Proposals to eliminate or reduce this program ignore its valuable contribution to the expansion of child care and reduction of childhood hunger.
NCSL strongly supports efforts to expand CACFP to older children in after-school programs, and to ensure that the program is available in more neighborhood and rural areas. Additionally, NCSL supports state options to expand this critical program to suppers in after-school programs.

**Combating Childhood and Adult Obesity**

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

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

**Combating Malnutrition in Older Adults**

NCSL believes the existence and risk of malnutrition in older adults is an under-recognized and growing health crisis. Malnutrition adds to the risk of complications of chronic conditions and illness, hospitalization, and healthcare-acquired conditions resulting in the $15.5 billion per year in direct medical expenditures in the U.S. for the treatment of disease-associated malnutrition.

NCSL believes malnutrition is a preventable condition that is inexpensive to treat if addressed early with supportive malnutrition care. NCSL also believes that addressing malnutrition in older adults requires engagement at all levels including the individual, their families and caregivers, health providers, the public health system, and policymakers, who can all work together to support healthy aging by helping establish malnutrition care as a measure of quality health care.

NCSL urges Congress to support state efforts to abate malnutrition in the elderly, and heighten awareness of the condition in their communities.

**Nutritional Quality Measures for Older Adults**
NCSL supports the quality measures used by the Centers for Medicare and Medicaid Services (CMS) to quantify healthcare processes, outcomes, patient perceptions, and systems that are associated with the ability to provide quality health care and/or that relate to “quality goals” for health care. These Medicare clinical quality measures are used to improve facilities’ treatment of patients, yet currently no quality measures have been adopted to address malnutrition.

In 2016, CMS introduced four electronic clinical quality measures that would cover screening for malnutrition, assessment of those screened as at-risk for malnutrition, diagnosis of malnutrition, and creation of a nutrition care plan. NCSL urges CMS to adopt quality measures on malnutrition to heighten the importance of identification, evaluation, and treatment of malnutrition in the elderly.
The 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 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, the Centers for Disease Control and Prevention, the National Institute of Mental Health, and the Substance Abuse and Mental Health Services Administration, should work with NCSL and state policymakers to reduce and 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 HHS Health and Human Services in order to analyze and monitor health disparity trends and develop promising practices and programs to eliminate them.

**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 HHS and relevant agencies, including the Centers for Disease Control (CDC); 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) 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, which 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, 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 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, including 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.
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 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 based on the best and most current medical evidence as prescribed by qualified pediatric practitioners. NCSL urges the federal government to support efforts to:

▪ develop treatment protocols to be used before advancing to pharmacotherapies,
▪ offer guidance to the primary care community on the alternatives to pharmacotherapies for mental illness in children, and
▪ increases the pediatric mental health workforce.

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, 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.

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 ongoing 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, and utilizing federal funds in the most efficient and effective way;
- require grantees that receive direct funding from the federal government to collaborate with their respective states 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 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 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 evidence-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.

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.