



October 2, 2019

The Honorable Mitch McConnell
Senate Majority Leader
317 Russell Office Building
Washington, D.C. 20510

The Honorable Nancy Pelosi
Speaker of the House
H-232, The Capitol
Washington, D.C. 20510

The Honorable Charles Schumer
Senate Democratic Leader
322 Hart Office Building
Washington, D.C. 20510

The Honorable Kevin McCarthy
House Minority Leader
H-204, The Capitol
Washington, D.C. 20510

Robin Vos
Assembly Speaker
Wisconsin
President, NCSL

Martha R. Wigton
Director
House Budget & Research
Office
Georgia
Staff Chair, NCSL

Tim Storey
Executive Director

Dear Senators McConnell and Schumer and Representatives Pelosi and McCarthy:

On behalf of the National Conference of State Legislatures (NCSL), and our Health and Human Services (HHS) Committee, we want to take this opportunity to share our HHS policy directives and resolutions that were unanimously adopted at the 2019 NCSL Legislative Summit. These policies are the result of months of work with our HHS Committee and a dedicated sub-group known as the HHS Policy Working Group. The group worked with our committee to prioritize a variety of HHS priorities that are important to the states and highlight what they need from our federal partners to ensure the success and development of HHS programs moving forward.

Below is a summary of all the HHS policies that were voted on **can be read [here](#)**.

NCSL HHS Committee Policies Passed at the 2019 Legislative Summit:

- **Ryan White CARE Act (policy directive):**

NCSL supports continued and adequate funding for states through the Ryan White Comprehensive AIDS Resources Emergency Act (Ryan White CARE Act) along with cooperative agreements with the *Centers for Disease Control* and Prevention and other federal partners permitting states to demonstrate that they have addressed the needs of all populations. NCSL also supports ongoing federal resources to develop and distribute prevention and treatment medications in the future and urges that they keep pace with the approval and availability of new preventions drugs and treatment. Finally, NCSL opposes the imposition of state matching or maintenance of effort (MOE) requirements in these programs.

- **Building Self-Reliance and Financial Independence for Low-Income Families (Temporary Assistance for Needy Families (TANF) (policy directive):**

NCSL urges federal stakeholders to provide states with flexibility when making TANF policy decisions and to allow them to design their own programs in accordance with their communities' specific needs. NCSL supports states providing assistance to needy families so that children can be cared for in their own homes or in the homes of relatives. NCSL urges flexibility in MOE requirements that allow funds to be used in any manner.

As Congress continues to pursue reauthorization of the TANF program, NCSL urges full financial support for the TANF block grant and contingency fund. This can provide additional financial support for qualifying states during an economic downturn while supporting those that have succeeded with proven strategies to move welfare recipients into subsidized jobs in the private sector.

For any future TANF reauthorizations NCSL opposes: regulatory actions limiting state flexibility, constraining state policy choices or leaving states to face financial penalties for not meeting federal work participation rates; federal proposals to reduce the welfare block grant and related grants; and the preemption of state authority.

We encourage you to review our full policy on TANF as it also highlights the areas of: Individual Development Accounts, inflationary adjustments, state legislative authority, rewarding work and reducing poverty, time limits and data collection and reporting requirements.

- **General Guiding Principles: Federalism and Health, Human Services (HHS), Medicaid and CHIP Programs (policy resolution):**

NCSL supports a Medicaid program that achieves mutually agreed upon goals, improves outcomes for patients and provides flexibility in the administration of programs and savings for states, territories and local governments. NCSL supports accountability and transparency from our federal partners and welcomes public feedback and participation in Medicaid oversight. It is important for our federal partners to consider the fact that not all state legislative sessions are full-time or year-round, and that federal partners are sensitive to these legislative schedules when making changes to the Medicaid program. NCSL urges Congress and the administration to seek the counsel and expertise of state and territory legislators as new Medicaid initiatives are being developed, and to actively utilize the state and territory consultation requirement when drafting federal legislation and regulations. We also caution against uniform proposals and changes as they can compromise the effectiveness of Medicaid programs.

NCSL's members see the following issues in the Medicaid landscape as most pertinent to states and territories:

Block grant and Cost Shifting Proposals: When federal partners are exploring these types of programs any proposals should refrain from establishing unfunded mandates and any cost shifting requirements for states and territories.

Waivers: NCSL continues to support Congress and the administration in their ongoing efforts to grant waivers for states and territories to use in developing innovative health and human services programs and service-delivery systems. We also encourage federal efforts to streamline waiver applications, reviews and approvals.

Emergency Assistance and Countercyclical Assistance: We encourage Congress to study the option of establishing emergency and countercyclical assistance to states within the Medicaid statute that become effective upon some triggering event. This could add to any additional assistance to states and territories through an enhanced federal match or another mechanism and revert to the regular federal-state cost sharing formula when an emergency has been resolved.

Medicaid managed care: NCSL urges CMS to work with our members in providing support and upholding standards for Medicaid managed care entities working with states and territories. We ask federal partners to recognize and support: expanding care to those with complex medical needs, improving reach and support for rural health care populations, programs increasing the integration of physical and behavioral health care services, and the continued development of value-based purchasing and payments among others.

Regarding the Children’s Health Insurance Program (CHIP), NCSL encourages Congress to reauthorize this program on time, and to provide states continued and improved flexibility to carry out the operations of the program. NCSL supports a multi-year authorization of CHIP funds moving forward. As CHIP funding begins to wind down from its previously increased Federal Medical Assistance Percentages rate to participating states and territories, NCSL also recommends:

- Support for states to develop and test systems of coverage for low-income children,
- Efforts by which states and territories can easily share examples of best practices,
- Eliminating any burdensome waiting periods for CHIP enrollment, and
- Continued efforts to streamline and facilitate the CHIP and Medicaid application process.

In terms of federal health insurance reform, NCSL continues to support states regulating and providing oversight on health insurance matters. NCSL opposes any proposals that would expand the preemption of states’ laws and regulations beyond those already established in the Employee Retirement Income Security Act (ERISA) of 1974, or the Patient Protection and Affordable Care Act. We would also oppose an exemption for any insurer or entity from state health insurance standards and laws. Any federal health insurance legislation establishing mandated benefits or uniform standards should be inclusive of state feedback prior to implementation.

Any implementation of health insurance reforms at the federal level should require state action to comply and allow a reasonable amount of time for state legislatures to debate and enact any necessary legislation. Should states already have similar legislation in place, a process for declaring “substantial compliance” should be developed. NCSL asks federal partners to recognize that health insurance programs in the states and territories are where innovations in healthcare delivery happen, and to utilize our models of health insurance.

NCSL supports a number of federal initiatives to provide financial assistance and authority to states to experiment with health insurance including: increasing access to health care services to the uninsured or underinsured; increasing access to the broad range of long-term care services including home and community-based services; supporting plans that work to integrate physical, behavioral and social determinants of health to reduce costs and improve overall health outcomes; and exploring a broad range of financing mechanisms including reinsurance programs. We also ask our federal partners for their support in allowing states to continue working on healthcare costs issues, which includes but is not limited to: surprise medical billing, out-of-network and in-network billing practices and transparency for health care prices and insurance plans regulated by the states.

- **NCSL Recognizes the Impact of “Benefits Cliffs”- (policy resolution):**

NCSL supports the minimization of the “benefits cliff” and the sudden decrease in or elimination of public benefits that occur with a small increase in personal earnings. Some of the services lost with this income increase can include: TANF, SNAP, Medicaid and healthcare, child care assistance, housing, and school meal access. NCSL encourages our federal partners to work with states to find a timely solution to remove barriers for those entering or remaining in the workforce while increasing their household income as a result. NCSL

supports federal efforts to work with states on how to better align human services programs including: work supports, eligibility, enrollment, training and employment. This alignment can help mitigate the benefits cliff and increase family financial security.

- **NCSL Supports National Health IT Week 2019: (memorial resolution):**

This resolution highlights NCSL's ongoing support of National Health IT Week, representing the full spectrum of healthcare interests including healthcare reform initiatives and promotion of the Health IT space. Initiated in 2006 by The Healthcare Information and Management Systems Society (HIMSS) this initiative has helped bring together diverse national healthcare stakeholders. NCSL has worked with HIMSS and other stakeholders to promote understanding among state policymakers of the contributions of Health IT to improve the quality and safety of healthcare delivery, contain healthcare costs, improve healthcare quality and create cost efficiency for all Americans.

Thank you for your time, and we look forward to continuing to work with our federal partners on these issues moving forward. NCSL will be in touch as different priorities of the NCSL HHS Committee come before your committees and in the Senate. If you have any questions or need additional information, please contact NCSL staff: Haley Nicholson at 202-624-8662 (haley.nicholson@ncsl.org) or Margaret Wile at 202-624-8171 (margaret.wile@ncsl.org).

Sincerely,

A handwritten signature in blue ink that reads "Tim Storey". The signature is written in a cursive style with a long horizontal flourish at the top.

Tim Storey
Executive Director
National Conference of State Legislatures