

**NCSL STANDING COMMITTEE ON
HEALTH AND HUMAN SERVICES**

POLICY DIRECTIVES AND RESOLUTIONS

2023 NCSL Legislative Summit

Table of Contents

CONTENTS

POLICY: Child support SERVICES administration and enforcement 1

POLICY: Child Welfare and Family Services 7

POLICY: Nutrition Programs and Assistance..... 13

POLICY: Building Self-Reliance and Financial Independence for Low-Income Families..... 21

POLICY: GENERAL GUIDING PRINCIPLES: FEDERALISM AND HEALTH, HUMAN SERVICES (HHS),
MEDICAID AND CHIP PROGRAMS 26

POLICY: GLOBAL HEALTH EQUITY WEEK 32

POLICY: SUPPORTING FEDERAL LEGISLATION TO EMPOWER STATES TO PROTECT CHILDREN AND
YOUTH IN RESIDENTIAL CARE 34

POLICY: CONTINUED ACCESS TO FEDERAL TAX INFORMATION BY STATE CHILD SUPPORT
CONTRACTORS 38

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: ~~NURTURING RESPONSIBLE FAMILIES AND~~**
3 **CHILD SUPPORT SERVICES ADMINISTRATION**
4 **AND ENFORCEMENT**

5 **TYPE OF POLICY: DIRECTIVE**

6 Child support is administered through a state-federal partnership. NCSL urges the
7 federal government to ensure that child support administration and enforcement are fair,
8 equitable, timely and in the best interest of the children involved.

9 NCSL supports:

- 10 • Effective coordination of all programs and organizations working on child support
11 enforcement, including state policymakers, state **and Tribal** courts, local and
12 state bar associations, district and state attorneys, local and state child support
13 directors, local law enforcement officials, educational institutions, family and
14 child support advocacy groups, tribes, and programs that work with both parents.
15
- 16 • Innovation and adaptability to individual state needs, while still providing
17 oversight.
18
- 19 • Flexibility for states to reinvest child support penalties in the child support system
20 as a way for states to ensure compliance with federal expectations, including
21 investments in related technology.
22

23 **Program and System Improvements**

24 NCSL urges the federal government, in partnership with states to:

- 25 • Support child support initiatives that allow maximum flexibility for states, reward
26 new initiatives and encourage state experimentation and innovation.
- 27 • Continue to support technical assistance to the states with respect to best
28 practices, procedures, and legislation.

- 29 • Regularly communicate with state legislators, particularly through the regional
30 offices and relevant action transmittals.
- 31 • Continue to provide the federal parent locator service free of charge to states that
32 use the service.
- 33 • Provide states with flexibility if any additional mandatory program requirements
34 are adopted as amendments to the existing Child Support Enforcement program
35 including: (1) a reasonable transition period; (2) waivers to permit states to
36 address state specific problems with program requirements; and (3) flexibility for
37 states to implement innovative alternatives that still meet the goals of the
38 program; (4) ensuring that any federal legislation that results in increases of Title
39 IV-D state child support program costs or reduced state child support program
40 revenue also includes a fully offsetting increase in federal funding so that state
41 child support programs and services to families are not adversely impacted.
- 42 • Support proposals that would put states on a phased-in schedule of improvement
43 that would use current-year levels of paternity establishments as the base and
44 would require a reasonable schedule for improvement.
- 45 • Support an incentive approach for a permanent enhanced federal administrative
46 match for states that implements a minimum package of innovative procedures to
47 increase program effectiveness.
- 48 • Provide federal funding for federal paternity mandates.
- 49 • Allocate funds to all states on a formula basis.

50

51 **Payment of Child Support in the TANF Program/Child Support Pass Through**

52 NCSL supports:

- 53 • State flexibility to use disregards innovatively including the option for states to
54 use a disregard as a minimum financial incentive for recipients of Temporary
55 Assistance to Needy Families (TANF) to participate in the child support program.
- 56 • State flexibility to permit families to keep more of the money collected on their
57 behalf whether on or off public assistance. However, NCSL strongly urges the
58 federal government to share in the cost of this forgone revenue.

- 59 • More efficient and innovative outreach efforts to include a greater number of
60 recipients receiving child support enforcement assistance, particularly for
61 families transitioning from welfare to work and ultimate self-sufficiency.
62 • Federal approval to provide states with maintenance-of-effort credit if states
63 choose to pass-through child support to families.
64

65 NCSL opposes a federal mandate to pass through child support dollars as a cost-shift to
66 states.

67
68 **Noncustodial Parents**

69 NCSL supports programs that reach more noncustodial parents and urges the federal
70 government to:

- 71 • Ensure state legislatures have the authority to appropriate any block grant to
72 states created for the purpose of involving noncustodial parents in the lives of
73 their children.
74 • Support programs that improve the employment prospects for non-custodial
75 parents thereby enabling them to provide regular, on-going financial support
76 and develop strong, healthy relationships with their children.
77 • Support efforts to help low-income fathers, or other parents as applicable, be
78 better parents and providers.
79 • Count state contributions to fatherhood, or other parents as applicable,
80 toward their state maintenance-of-effort requirements under the Personal
81 Responsibility and Work Opportunity Reconciliation Act of 1996.
82 • Provide state flexibility in determining eligibility of program participants and to
83 create or support programs at the local level.
84 • Provide incentives for collaboration on the state and local level.
85 • Provide state flexibility to use government, nonprofit or faith-based providers
86 as states determine the best way to meet the needs of their communities.
87

88 NCSL opposes any effort to preempt state laws regarding custody and visitation.

89

90 **Arrearages**

91 NCSL urges the federal government to encourage flexibility and innovation in
92 addressing arrearages, including:

- 93 • Continuing to work with state policymakers to provide state technical assistance
94 regarding the current options for states to address child support arrears owed by
95 an noncustodial parent who later married or remarried the custodial parent, a
96 non-custodial parent living in the household, or parents in financially insecure
97 families.
- 98 • Providing assistance to states on the application of current policy toward
99 compromising of arrearages.

100

101 **Family Formation**

102 NCSL supports policies that nurture economically secure families and which:

- 103 • Encourage marriage and the involvement of both parents.
- 104 • Provide opportunities for non-cohabiting parents to parent their children together.
- 105 • Support efforts to help parents develop positive parenting skills, even in the
106 absence of marriage.

107

108 NCSL recognizes that efforts to involve both parents may not be appropriate in all
109 situations, especially when safety is a concern.

110 **Child Support Assurance**

111 Child Support Assurance provides a guaranteed level of child support payments. NCSL
112 supports maintaining the option of states to develop pilot programs for the assurance
113 concept that can be rigorously analyzed and evaluated.

114

115 **Appropriate Federal and State Roles**

116 NCSL urges Congress to pass and support policies that:

- 117 • Focus federal efforts on helping states meet or exceed performance outcomes.
- 118 • Elevate and strengthen the Office of Child Support Services so it will be a more
- 119 effective partner with the states, including attempts to improve cooperation
- 120 between Title IV-D agencies, state revenue agencies, and state ~~and local~~ and
- 121 Tribal courts.
- 122 • Direct federal funds to create incentives that are supportive, not coercive, of
- 123 states to innovate and replicate successes and provide training.

124
125 NCSL is opposed to:

- 126 • any erosion of power or discretion of state ~~and local~~ and Tribal courts to
- 127 establish and modify child support orders.
- 128 • the creation of federal criminal sanctions.
- 129 • any attempt to transfer all authority and responsibilities for child support
- 130 administration and enforcement to the federal government.

131

132 **Child Support Incentive Program**

133 NCSL supports:

- 134 • an incentive system that rewards states for their performance and recognizes
- 135 changing caseloads.
- 136 • federal legislation to remove the provision in the Deficit Reduction Act of 2005
- 137 that prohibits states from using child support incentive funds to match federal
- 138 funds for the program.
- 139 • a base matching rate of no less than 66 percent.
- 140 • provision of clear, understandable criteria for the incentive system.
- 141 • criteria based on performance outcomes rather than administrative procedures
- 142 and processes.
- 143 • state flexibility to reinvest in programs that serve children and families.

144

145 NCSL opposes efforts to require that incentives received by states be reinvested in the
146 child support program. This ignores state priorities and preempts state authority over
147 these funds.

148

149 **Medical Support Enforcement**

150 NCSL continues to urge Congress to:

- 151 • close a loophole in the Employee Retirement Income Security Act of 1974
152 (ERISA) that allows self-insured companies to refuse to acknowledge state
153 medical support orders and effectively blocks access to medical support for
154 thousands of children.
- 155 • clarify that there is no preemption of state laws and procedures for medical child
156 support, so that states can effectively manage costs and ensure that children of
157 noncustodial parents working for companies subject to ERISA have adequate
158 health insurance.

159

160 **Automation**

161 NCSL urges HHS to:

- 162 • provide adequate funding to states to upgrade their technology systems that
163 maximize the outcomes of communication and enforcement strategies and
164 attract and retain high-performing employees with the relevant technical skills.
- 165 • provide clear guidance that supports states in implementing compliant,
166 operational systems and that sets forth all required functional requirements the
167 child support systems must execute in statewide processing.
- 168 • convene state elected officials, welfare commissioners and vendors to review
169 child support automation services and to develop realistic recommendations
170 when future updates to automation services are planned.

171

172

173

174 *Upon adoption of this directive, the existing directive on Child Support Enforcement will*

175

expire

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: CHILD WELFARE AND FAMILY SERVICES**

3

4 **TYPE OF POLICY: DIRECTIVE**

5 NCSL supports federal efforts to keep families together and promote the safety and
6 well-being of all children and youth by:

- 7 • Providing services to families at risk of entering the child welfare system.
- 8 • Providing federal reimbursement for prevention services to increase the number
9 of children who can remain safely at home with their families by providing
10 families with greater access to mental health services, substance use treatment,
11 and/or parenting skills training and support.
- 12 • Providing incentives to states to reduce placement of children in congregate
13 care.
- 14 • Ensuring educational stability for children and youth in foster care.
- 15 • Promoting safety, permanency and well-being for children and youth in a range
16 of foster care alternatives or with adoptive families.
- 17 • Permitting children and youth to remain in or return to their homes when it is safe
18 and appropriate, and promoting kinship and guardianship placements when it is
19 not.
- 20 • Establishing a system of family support services.
- 21 • Supporting state efforts to efficiently implement a comprehensive system of
22 services promoting and supporting child, youth and family well-being, including:
23 housing; economic supports; behavioral and physical health; education; juvenile
24 justice; child care; home visiting, family resource centers and other family support
25 models;
- 26 • Supporting states' efforts to develop safe, age-appropriate and cost-effective
27 alternatives to foster care.

- 28 • Providing flexibility to better administer and coordinate delivery of these
29 programs and support systems and to meet locally determined community
30 needs.
- 31 • Providing clear guidance, technical assistance and **financial** support for training
32 to ensure states can develop and maintain a well-qualified child welfare
33 workforce.
- 34 • Removing federal regulatory barriers that impede states' efforts.
- 35 • Improving judicial processes in child welfare cases and supporting state efforts to
36 sustain the integrity and efficiency of these efforts through interagency training,
37 budgeting, planning, conflict resolution and integrated data systems.

38 NCSL opposes any efforts to earmark or restrict the use of federal funding and urges
39 the U.S. Department of Health and Human Services (HHS) to permit states to determine
40 the use of funding. Additionally, the vital work done by caseworkers should not be
41 designated as an administrative cost with regard to caps on administrative funds.

42 **Foster Care**

43 NCSL opposes any proposals to cap Title IV-E expenditures and urges the federal
44 government to continue to support the foster care program as an open-ended
45 entitlement program under Title IV-E of the Social Security Act.

46 NCSL urges the federal government to provide technical assistance to help states
47 comply with the complicated reporting system required by Title IV-E and find effective
48 ways to maximize federal dollars and enhance revenues for innovative service
49 techniques by:

- 50 • Promptly paying state claims.
- 51 • Refraining from imposing stringent time limitations on the submission of state
52 claims.
- 53 • Monitoring and reviewing state performance fairly while giving states tools for
54 improvement.

- 55 • Defining and supporting the separation of states' reporting of foster care
56 administration activities from child placement activity accounts.
- 57 • Entrusting states to determine when and if a congregate care setting is
58 appropriate for foster care placement.
- 59 • Allowing states to prioritize custody and placement with family members over
60 placement in a foster home with non-relatives, unless determined by a court that
61 placement in the foster care system is in the best interest of the child.
62 Providing state options to use a portion of their funding for foster care
63 maintenance payments for child welfare and family services, especially when
64 utilization of foster care funds is reduced.
- 65 • Increasing the recruitment and training of foster care and special needs adoption
66 providers and supportive services inclusive of respite care.
- 67 • Supporting states in assisting transition-age-youth by:
- 68 ○ Offering flexibility to expand services to older youth for foster care
69 adoption and relative guardianship.
- 70 ○ Supporting programs that fund education and training for youth aging out
71 of foster care.
- 72 • Allocation of federal funds to support services for caretaker relatives.
- 73 • Providing funding for the necessary coordination of services to high-needs
74 children and families involved with the child welfare system including in the areas
75 of health and mental health care, drug and alcohol abuse treatment and services
76 and education and job training services.
- 77 • Refraining from restricting state authority to determine criteria for termination of
78 parental rights.
- 79 • Promoting policies that keep children in their own communities and schools.
- 80 • Supporting states in meeting the needs of Native American and Alaskan Native
81 children within federal and tribal government requirements.
- 82
- 83 NCSL opposes federal actions that would eliminate federal reimbursement for relative
84 foster care that is non-licensed or limits state flexibility.

85 NCSL urges Congress to separate foster care eligibility from TANF eligibility for all
86 states and move towards reimbursement for all children in care, as the states
87 determine.

88 **Child Welfare Workforce**

89 NCSL supports federal efforts to help states develop and retain an ample, high-quality
90 child welfare workforce, including funding for staff training and retention, student loan
91 forgiveness, and caseload-reduction initiatives.

92 **Information Services**

93 NCSL supports federal efforts to develop a national information system to collect,
94 analyze and monitor data on families in the child welfare system, including outcomes for
95 children and the impact of substance abuse and the effectiveness of treatment options.

97 **Adoption Assistance and Services**

98 NCSL supports incentive criteria that considers the needs of children with a physical,
99 mental or emotional disability and those whose age, racial or ethnic background,
100 membership in a minority or sibling group or other characteristics make them more
101 difficult to place.

- 102 • NCSL supports assistance with respite and other services for families adopting
103 children with special needs, many of whom may have health and mental health
104 problems as they mature.
- 105 • NCSL urges HHS to reimburse states for program expenditures in a timely
106 manner for claims owed to the state for adoption assistance and to work with
107 states to avoid unintended consequences resulting from changes in the funding
108 structure that might fundamentally alter the capabilities of the program.
- 109 • NCSL urges HHS to work with states to ensure continuity of services for adoptive
110 families when they relocate to another state.

111

112 **Child Abuse and Neglect**

113 NCSL supports early identification, intervention, and treatment of children who are
114 victims of or at risk for child abuse, neglect or trafficking, and urges Congress to invest
115 in efforts to reduce the incidence of neglect; physical, sexual or emotional abuse or
116 exploitation.

- 117 • NCSL supports the federal Child Abuse Prevention and Treatment Act and urges
118 that it be fully funded at the levels authorized by Congress.
- 119 • NCSL encourages the federal government to support states with training
120 mandatory reporters and opposes federal preemption in defining who qualifies as
121 a mandatory reporter.

122 **Families with Behavioral Health Support Needs**

123 NCSL urges the federal government to address the behavioral health needs of families
124 who are involved in the child welfare system by supporting:

- 125 • Federal incentives for partnerships between behavioral health agencies and child
126 welfare agencies to conduct cross-system training of staff, improve screening
127 and assessment procedures, provide comprehensive treatment and prevention
128 programs, provide after-care services, and improve data collection and usage.
- 129 • Programs that include child care for children and pregnant mothers with
130 substance use disorders and programs that allow access to drug and alcohol
131 treatment for pregnant women.
- 132 • Federally funded programs that recognize that public policy utilizing criminal
133 penalties instead of rehabilitation and collaborative efforts can be a disincentive
134 to women seeking prenatal care, and these interventions must be properly
135 funded and implemented to prevent substance use disorder before women
136 become pregnant.
- 137 • Employee assistance programs that support employees with a range of health,
138 financial, and social issues, including mental and/or substance use disorders.

140 **Family Violence Prevention**

141 NCSL urges Congress to work with states to prevent family violence by:

- 142
- Supporting state programs to prevent family violence, provide immediate shelter and related services to victims, and offer trauma-informed training and technical assistance to state and local agencies on program administration.
- 143
- 144
- Providing state grants to support monitored and supervised visitation, and neutral drop-off and pick-up locations.
- 145
- 146
- Providing incentives for coordination between child welfare systems; domestic violence programs; juvenile courts; and services to at-risk households, such as emergency crisis services, in-home services and parent and family counseling
- 147
- 148
- 149

150

151 *Upon adoption of this directive, the existing directive on Child Welfare and Family*

152 *Services will expire*

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: NUTRITION PROGRAMS AND ASSISTANCE**

3

4 **TYPE OF POLICY: DIRECTIVE**

5 The National Conference of State Legislatures (NCSL) supports the state-federal partnership
6 to provide nutrition assistance to those in need. State legislators are concerned about the vast
7 numbers of hungry individuals, and particularly the severity of hunger among childhood and
8 aging populations. The Supplemental Nutrition Assistance Program (SNAP), The Emergency
9 Food Assistance Program (TEFAP), the Special Supplemental Nutrition Program for Women,
10 Infants, and Children (WIC), and Child Nutrition programs alleviate and prevent hunger and
11 enable families to improve their health and be more productive at school and at work.

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

13 NCSL urges continued federal funding of the SNAP program at levels sufficient to provide
14 assistance to all that are eligible or in need due to the rising cost of food. NCSL also urges the
15 administration and Congress to continue to make SNAP and Temporary Assistance to Needy
16 Families (TANF) block grants more compatible through the broad-based categorical eligibility
17 option. This is a policy option for states by which households may become categorically
18 eligible for SNAP because they qualify for Temporary Assistance for Needy Families or state
19 maintenance of effort-funded benefits. In times of economic hardship, SNAP, along with other
20 nutrition assistance programs, offers a vital safety net for low-income Americans.

21 NCSL opposes proposals that would impose costly administrative burdens and un-funded
22 mandates on state governments or remove state flexibility that is critical to cost-effective
23 administration of SNAP.

24 NCSL supports U.S. Department of Agriculture (USDA) initiatives to provide administrative
25 flexibility through the waiver process by allowing states to implement administrative efficiencies
26 such as telephone interviews, utilize Combined Application projects, simplified application
27 forms, the creation of mobile-friendly software for SNAP recipients, and develop partnerships
28 with community stakeholder organizations to improve quality, efficiencies, and overall nutrition

29 access. NCSL supports additional waivers that increase administrative flexibility during a public
30 health emergency.

31 **SNAP Benefits and Program Design**

32 NCSL recommends that the administration and Congress incorporate the following issues
33 regarding SNAP benefits and program access into future legislative and regulatory action:

- 34 • Elimination of the annually indexed caps on excess shelter deductions to allow families
35 to deduct high shelter costs;
- 36 • Exclusion of the first \$150 a month by a non-custodial parent paid as child support from
37 consideration as income in determining the SNAP allotment;
- 38 • Elimination of the rules concerning the value of a vehicle that a recipient may own and
39 still receive SNAP benefits;
- 40 • Federal support and technical assistance for state outreach;
- 41 • Enhancement and simplification of application and eligibility determination procedures
42 through supporting Web-based screening tools, permitting seniors and the disabled to
43 apply at Social Security offices, reduced length application forms, and allowing use of
44 joint applications;
- 45 • Continuation of state options regarding child support cooperation as a condition of
46 eligibility for SNAP. NCSL supports the elimination of the fee for SNAP recipients' child
47 support collection efforts as a further incentive toward child support enforcement
48 participation.
- 49 • Continuation of state options to disqualify for SNAP eligible individuals who fail to
50 cooperate with child support enforcement authorities or who are in arrears on child
51 support obligation. NCSL supports this option and opposes changes that would
52 mandate these actions;
- 53 • Permit the promotion and acceptance of SNAP at farmers' markets and other non-
54 grocery store, produce-oriented venues, for example: from a small farmer; and
- 55 • Continue to support current state options regarding categorical eligibility and "heat and
56 eat."

57

58 **SNAP and Legal Immigrants**

59 NCSL supports SNAP eligibility for legal immigrant children and families. NCSL commends
60 USDA's outreach efforts to assist eligible legal immigrants, including their work to translate
61 materials into more than 34 languages. NCSL continues to support restoring eligibility to the
62 small number of legal immigrants who were not covered under previous restoration. NCSL
63 urges the administration and Congress to include state lawmakers in making decisions that
64 would alter the eligibility status for any category of immigrants legally present in the United
65 States.

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

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

73 In addition, NCSL appreciates the USDA's willingness to grant states waivers of the three-
74 month time limit for non-working able-bodied adults without dependents in areas impacted by
75 high unemployment and USDA's technical assistance to states.

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

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

85 NCSL supports efforts to focus on program measurement and evaluation through positive
86 incentives and urges Congress to reexamine funding levels. State legislators urge the USDA to
87 continue to settle QC claims through state reinvestment in program improvement.

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

89 NCSL supports the current implementation of EBT systems and supports allowing cards to be
90 used for multiple programs.

91 NCSL believes that states should be allowed to negotiate the terms of EBT with food
92 marketers, farmers' markets, and financial institutions. NCSL opposes preemption of state
93 laws that govern financial institutions pertaining to a nationwide EBT system. As additional
94 income support programs are added to EBT systems that are state-only or state-federally
95 governed, the federal government must not preempt state benefits law.

96 NCSL also encourages the administration and Congress to continue initiatives around summer
97 feeding and EBT to secure a permanent summer EBT program, including adding monthly
98 funding to family's EBT cards and including funding for state startup costs.

99 **SNAP Program Flexibility and Waivers**

100 NCSL believes that the federal waiver process should recognize state participation and need.
101 States need flexibility for further innovation and state legislators prefer to have options rather
102 than waivers for policy changes that are not in need of further evaluation. State legislators
103 need to be included in the waiver process prior to a waiver being granted. Plan approval and
104 the results of demonstration grants should be shared with state legislators.

105 NCSL supports the authority for states to use, at their option, contractors to support
106 administrative and eligibility functions in SNAP. NCSL asks the federal government to remove
107 barriers to this option so that states can meet surges in demand, address workforce shortages,
108 align SNAP flexibility with other programs, and ensure the right benefits go to the right people
109 at the right time.

110 **Emergency Food Assistance and Commodity Distribution**

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

119 **Child Nutrition**

120 NCSL urges Congress to reauthorize legislation to continue and fully fund child nutrition
121 programs. NCSL urges the USDA to emphasize the importance of nutritionally appropriate
122 foods, and avoiding those high in sugar, fat, and sodium. NCSL also urges Congress to
123 protect, strengthen and improve the child nutrition programs by building on the Healthy,
124 Hunger Free Kids Act of 2010 to ensure that children continue to have access to nutritious
125 meals throughout the year.

126 NCSL urges Congress to invest in the ability and resources of states to provide access to
127 healthy and affordable meals before, during and after school for all children, all year long and
128 to ensure low-income low-income children's improved access to and participation in child
129 nutrition programs. NCSL supports accurate eligibility determination in federal programs, but
130 urges Congress to ensure Accurate eligibility determination is important in any federal
131 program, but efforts to serve ensure that only eligible children are served do not deter must not
132 be a deterrent to program participation. NCSL supports the USDA's proposal to create a pilot
133 program for school districts to provide more nutritious alternatives that would allow
134 experimentation without risk of financial loss to those schools.

135

136 **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)WIC**

137 NCSL supports the WIC program and itsthe objectives of the WIC program to educate and
138 inform participants with the best sources of nutrition to reduce the incidence of low birth weight,
139 improve infant nutrition in the first year of life, and to improve the health of participants. NCSL

140 encourages the administration and Congress to ensure flexibility for the time it takes to
141 process and approve applications for WIC applicants and ensure continued financial support to
142 maximize WIC coverage for women, infants, and children in need.

143 NCSL supports congressional efforts to improve program administration by authorizing limited
144 borrowing between fiscal years for the WIC program, and by requiring the timely
145 apportionment of WIC funds to the states.

146 NCSL supports funding to allow technological improvements to WIC and to allow the
147 implementation of WIC Electronic Benefits Transfer (EBT). NCSL also urges Congress to
148 increase the flexibility of WIC appointments through increased access to remote appointments
149 and extended certification periods as well as to support equitable access to the WIC food
150 package through modernization efforts that increase access to online ordering, online
151 purchasing, and delivery.

152 **School Breakfast and Lunch Programs**

153 NCSL strongly supports the National School Lunch Program ~~(NSLP)~~ and the School Breakfast
154 Programs ~~(SBP)~~ as critically important to the well-being, and education, and self-sufficiency of
155 young children. ~~State legislators~~ NCSL supports ~~the cash subsidies to schools~~ USDA
156 reimbursements to schools for free, reduced-price, and paid meals ~~moderate- and high-income~~
157 ~~children~~ under the provisions of the school lunch and school breakfast programs. ~~Additionally,~~

158 NCSL ~~encourages~~ supports current ~~more~~ flexibility in ~~for~~ the ~~C~~ommunity ~~E~~ligibility ~~p~~rovisions
159 ~~(CEP)~~, which helps reduce paperwork for parents and schools with a high percentage of
160 eligible students. NCSL urges Congress to expand the well-documented benefits of the
161 Community eligibility Provision CEP, which allows schools to serve meals at no charge to
162 all students if enough are identified as qualifying for other assistance programs, by lowering
163 the minimum identified student percentage (ISP), increasing the ISP multiplier, expanding
164 direct certification with Medicaid data nationwide, and supporting the improvement of direct
165 certification systems.

166 ~~The provision of federally funded~~ federally funded start-up grants would enable many schools
167 ~~with large numbers of low-income children to initiate the school breakfast program.~~ NCSL
168 ~~recommends that a study be conducted that would consider alternative financing scenarios~~

169 ~~that would retain program consistency.~~ NCSL urges the USDA to emphasize nutritionally_-
170 appropriate foods. NCSL supports the USDA's proposal to create a pilot program for school
171 districts to provide more nutritious alternatives that would allow experimentation without risk of
172 financial loss to those schools.

173 NCSL supports permanent authorization of the Summer Electronic Benefits Transfer for
174 Children program. NCSL also supports making funding for the program mandatory, and
175 expanding the reach of the program to kids eligible for free or reduced-price school meals in all
176 states, tribal nations and localities in order to close the summer meals gap. NCSL urges
177 Congress to permanently authorize the Pandemic Electronic Benefits Transfer system,
178 allowing authorities to quickly deliver increased nutritional aid during times of crisis.

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

180 NCSL supports the federal Summer Food Service Program for Children SFSPC and ~~the~~
181 restoration of meal reimbursement rates that allow low-income children to receive a nutritious
182 lunch in the summer. NCSL supports policies that will make it easier for non-profit community
183 groups and public entities to sponsor the program, and will allow the program to be available in
184 more neighborhoods and rural areas. NCSL urges Congress to allow for more flexibility around
185 where children are able to access and eat summer meals by allowing for non-congregate
186 models in communities where summer meals sites are not available and by lowering the
187 threshold required to operate sites open to all children.

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

189 NCSL supports flexibility to allow seniors to transport uneaten food they receive while
190 participating in the Child and Adult Care Food Program ~~(CACFP)~~. ~~Proposals to eliminate or~~
191 ~~reduce this program ignore its valuable contribution to the expansion of child care and~~
192 ~~reduction of childhood hunger.~~ NCSL opposes the elimination or reduction of the Child and
193 Adult Care Food Program.

194 NCSL strongly supports efforts to expand Child and Adult Care Food Program CACFP to older
195 children in after-school programs, and to ensure that the program is available in more
196 neighborhoods and rural areas. Additionally, NCSL supports state options to expand this
197 ~~critical~~ program to evening meals suppers in after-school programs.

198

199 **Combating Childhood and Adult Obesity**

200 NCSL supports federal efforts to find solutions for childhood and adult obesity without imposing
201 mandates. NCSL urges Congress to fully fund these programs and supports a proposal to fund
202 a pilot program for the states with the greatest incidence of childhood and adult obesity to
203 develop policies and procedures to reduce obesity.

204 **Nutritional Quality Measures for Older Adults**

205 NCSL supports the quality measures used by the Centers for Medicare and Medicaid Services
206 (CMS) to quantify health care processes, outcomes, patient perceptions, and systems that are
207 associated with the ability to provide quality health care and/or that relate to “quality goals” for
208 health care. CMS introduced four electronic clinical quality measures that would cover
209 screening for malnutrition, assessment of those screened as at-risk for malnutrition, diagnosis
210 of malnutrition, and creation of a nutrition care plan. NCSL urges CMS to adopt quality
211 measures on malnutrition to heighten the importance of identification, evaluation, and
212 treatment of malnutrition in the elderly.

213 NCSL also supports establishing malnutrition care as a measure of quality health care. NCSL
214 urges the administration and Congress to support state efforts to reduce malnutrition in the
215 elderly and heighten awareness of nutrition in elderly communities.

1 COMMITTEE: HEALTH AND HUMAN SERVICES

2 POLICY: BUILDING SELF-RELIANCE AND FINANCIAL
3 INDEPENDENCE FOR LOW-INCOME FAMILIES
4

5 TYPE OF POLICY: DIRECTIVE

6

7 ~~Building Self-Reliance and Financial Independence~~

8 ~~for Low-Income Families~~ Temporary Assistance for Needy Families (TANF)

9 ~~Temporary Assistance for Needy Families (TANF)~~

10 NCSL supports:

- 11 • ~~The f~~ Federal stakeholders-government providing states with flexibility in making
12 strategic TANF policy decisions ~~and to~~ designing their own programs in accordance with
13 their communities' specific needs,
- 14 • ~~T~~ the concept that individuals receiving public assistance should be engaging in efforts
15 towards self-sufficiency,
- 16 • ~~R~~ egulations that authorize states to deem compliant individuals with disabilities who fail
17 to meet ~~the~~ required work threshold or activity standards, ~~which TANF requires,~~
- 18 • ~~P~~ ermitting states to determine if individuals applying for Social Security Income (SSI)
19 meet the SSI threshold for an exclusion from the work rate calculations because they
20 are unable to work prior to a Social Security Administration (SSA) determination,
- 21 • ~~Excluding individuals unable to work due to temporary disability and ineligible from SSI~~
22 from the work rate calculation,
- 23 • ~~Elimination of the separate higher work participation rate for two-parent families in the~~
24 TANF program.
- 25 • ~~p~~ roviding assistance to needy families so ~~that~~ children can be cared for in their own
26 homes or in the homes of relatives,

- ~~e~~C Continuing to allow Maintenance of Effort (MOE) requirements that are flexible for the use of funds in any manner “reasonably” calculated to achieve TANF’s statutory purpose, ~~and~~
- ~~excluding individuals unable to work due to temporary disability and ineligible from SSI from the work rate calculation, and~~
- ~~a~~A Allowing states options to collaborate and contract with religious organizations for family assistance services, within the boundaries of state and local laws.

~~NCSL urges federal partners to:~~

- ~~The federal government~~ C continuing to provide full financial support for the TANF block grant, and ~~the~~ contingency fund, which provides additional financial support for qualifying states during an economic downturn, ~~and~~
- ~~Allowing flexibility for Support states to pursue the successful that states have had with proven strategies to move people get welfare recipients into nonunsubsidized employment jobs in the private sector.~~
- ~~Maintaining the language of the “The Brown Amendment,” a critical component of TANF that explicitly gives state legislatures specific authority to appropriate their state’s TANF, child care and welfare-to-work funds.~~
- ~~NCSL strongly supports maintaining the language of the “The Brown Amendment,” a critical component of TANF that explicitly gives state legislatures specific authority to appropriate their state’s TANF, child care and welfare-to-work funds.~~

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,
- Congressional proposals to reduce the ~~welfare block grant in~~ TANF ~~block grant and other social services block grants,~~ ~~related block grant and welfare program,~~ and
- The preemption of state authority, or mandates on states ~~that would as they~~ compromise the spirit of the state-federal partnership.

~~NCSL urges federal partners to consider an inflationary adjustment to the overall TANF block grant, which would enable states to respond to increased demand for non-cash~~

56 assistance, economic uncertainty. NCSL opposes any imposition of an MOE requirement as a
57 condition of receipt of funding unless the receipt of the additional funds were optional.

58 **Individual Development Account (IDA)**

59 NCSL supports:

- 60 • Federal efforts to provide incentives for the creation of Individual Development Accounts
61 (IDAs) as a tool to promote financial self-sufficiency that complements state efforts to
62 reform welfare-public benefit programs and to support working families' efforts to move
63 out of poverty,
- 64 • Changes in the federal tax code that would expand opportunities for IDAs, including a
65 tax credit for financial institutions that participate with matching funds and for private
66 entities that invest in nonprofit organizations that administer IDAs, and
- 67 • Examining and eliminating barriers in the TANF program, including those associated
68 with the Cash Management Improvement Act, to simplify the administration of IDAs.

69 **Inflationary Adjustment**

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

75 **State Legislative Authority**

76 ~~A critical component of the TANF law explicitly gives state legislatures specific authority to~~
77 ~~appropriate their state's TANF, child care, and welfare-to-work funds through the "The Brown~~
78 ~~Amendment." NCSL strongly supports maintaining this language that.~~

79 **Rewarding Work and Reducing Poverty**

80 NCSL urges the ~~believes that work is a critical component of welfare reform and~~ federal
81 government law should to support state efforts to create a continuum of self-sufficiency. NCSL

82 ~~also urges F~~ederal policy ~~to should~~ facilitate, ~~and~~ inform, and encourage comprehensive state-
83 ~~based and/or community a and/or~~ local ~~comprehensive~~ strategies.

84 NCSL supports:

85 ~~4. F~~the current work requirement, that after 24 months, all families should be engaged in
86 work, as defined by the state, ~~but~~ NCSL also urges the administration to make the following
87 changes in the work participation rates:

88 ○ Eliminate the work participation standard states must meet that requires a higher
89 work participation standard for the two-parent portion of their assistance
90 caseload, which will help strengthen families by removing a barrier to marriage,

91 ~~o~~—Allow states to count all recipient work effort including:

92 ~~0. o~~ paAllowing Providing states greater flexibility to define what activities count as
93 work, such as, job training and preparation, education and treatment for alcohol
94 and other substance use disorders, and mental illness, and activities to meet the
95 requirements of a domestic violence plan,

96 ~~1. o~~ rRetaining the 30-hour work participation rate as the standard,

97 ~~2. o~~ eContinuing to provide states credit for those who leave public assistance
98 programs because they have achieved economic self-sufficiency-welfare,

99 ~~3. o~~ pProviding states the option of including education that leadsleading to
100 employment as part of the first 20 hours of work with the purpose of meeting
101 state work participation rates and giving states the flexibility to count post-
102 secondary programs that lead directly to employmentgood jobs,

103 ~~4. o~~ eExtending the time limit on post-secondary education programs from 12 months
104 to 24 months,

105 ~~5. o~~ rRetaining the 20-hour requirement for a parent with a child under 6 years of
106 agessix,

107 ~~6. o~~ aAllowing states flexibility to define “education” and give credit to those engaged
108 in Adult Basic Education and English as a Second Language,

109 ~~7. o~~ eContinuing to support ~~ability to use~~ of TANF funds for subsidized employment
110 programs, and

111 ~~8.0~~ pPermitting states flexibility to define sanctions for noncompliance with ~~welfare~~
112 public assistance program rules including work requirements.

113 **Time Limits**

114 ~~When a parent is working, and receiving benefits, states should have an option to extend or~~
115 ~~exempt these workers and their families from the federal time limits.~~

116 NCSL supports:

- 117 • States having the option to extend benefits or exempt parents who are working and
118 receiving benefits from federal time limits,
- 119 • pProviding states flexibility to determine their own time limits,
- 120 • dDistinguishing cash support from non-cash support and separating housing from other
121 forms of assistance,
- 122 • Improving coordination between TANF and ~~examining how~~ the SSI and SSDI programs
123 ~~can better coordinate with the TANF program,~~
- 124 • aAllowing states to decide to maintain separate state programs under MOE or
125 segregate their MOE spending in an existing program with greater flexibility for funds
126 and,
- 127 • mMaintaining the ability of states to exempt 20% percent of their caseload, as defined
128 by the state, from federal time limits.

129 **Data Collection and Reporting Requirements**

130 NCSL opposes:

131 ~~4.~~ The establishment of a national error rate for TANF and Child Care and Development
132 Block Grant (CCDBG) programs under the Improper Payments Act.

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: GENERAL GUIDING PRINCIPLES: FEDERALISM AND**
3 **HEALTH, HUMAN SERVICES (HHS), MEDICAID AND**
4 **CHIP PROGRAMS**

5 **TYPE OF POLICY: RESOLUTION**

6 ~~General Guiding Principles: Federalism and Health, Human Services (HHS), Medicaid and~~
7 ~~CHIP Programs~~

8 Medicaid and CHIP Programs

9 **Medicaid Guiding Principles**

10 ~~NCSL supports a partnership in the~~The underlying goal of the Medicaid program ~~should be~~
11 ~~to that~~ achieves mutually agreed upon goals, improved outcomes for recipient~~patients~~s, and
12 ~~flexibility~~flexibility, transparency, and accountability in administration of programs and
13 opportunities for savings for states, territories and local governments.~~NCSL supports~~
14 ~~accountability and transparency from their federal partners and welcomes public feedback and~~
15 ~~participation in Medicaid oversight, and we also understand that flexibility requires~~
16 ~~accountability and transparency on their part. NCSL urges~~We ask the federal government to
17 consider ~~that not all~~ state legislative sessions~~calendars when making changes to Medicaid~~
18 programs since not all legislatures meet~~are~~ on a year-round basis,~~and ask them to be~~
19 ~~sensitive to state, territories and local governments' legislative schedules and resources when~~
20 ~~making changes to Medicaid programs.~~

21 NCSL also urges Congress and the Administration to seek the counsel and expertise of state
22 and territory legislators as new Medicaid initiatives are being developed. ~~It is important that~~
23 ~~federal agencies take the state and territory consultation requirement seriously when drafting~~
24 ~~legislation and regulations to implement changes.~~NCSL urges Ffederal partners to ~~must~~ give
25 provide states adequate ~~fair amount of~~ time to review and ultimately implement any new
26 changes.

27 NCSL urges the federal government to improve relations between states and the Centers for
28 Medicare and Medicaid Services (CMS) through improved technical assistance and CMS
29 stakeholder engagement with states. NCSL also urges the federal government to consider the
30 diversity of state needs, and the diversity, complexity, and size of each state's Medicaid
31 program when scaling new programs and allowing states to voluntarily participate in new state
32 options through state plan amendments. We also caution against uniform proposals and
33 changes as they can compromise the effectiveness of programs by making it difficult for states
34 and territories to respond to local conditions.

35 **Medicaid Landscape**

36 ~~NCSL sees the following Medicaid issues as most pertinent to states, territories and~~
37 ~~local governments:~~

38 **Block Grants and Cost Shifting Proposals**

39 NCSL urgesWhen Congress and the Administration to provide states flexibility when
40 exploring block grant programs, ~~flexibility needs to be a key principle~~. Any proposals ~~should~~
41 must refrain from establishing unfunded mandates and any cost shifting requirements for
42 implementing a block grant program in states and territories.

43

44 **Waivers**

45 NCSL supports Congress and the Administration in their ongoing efforts to grant waivers,
46 where appropriate, and in permitting states and territories to develop innovative programs and
47 service-delivery systems in health, and human services. NCSL urges the federal government
48 to bring ~~Successful waiver programs should be brought~~ to scale and integrate ~~them~~ into the
49 underlying program when appropriate and encourage ~~ss~~ federal efforts to streamline waiver
50 applications, reviews and approvals.

51 NCSL urges the federal government to make information about state waivers and state plans
52 publicly available and easily searchable to better inform state decision making.

53 **Emergency Assistance and Countercyclical Assistance:**

54 NCSL urges Congress to study options to include a provision establishing emergency and
55 countercyclical assistance to states within the Medicaid statute. The provision would become
56 effective upon some triggering event, such as an economic downturn, natural disaster, act of
57 terrorism, pandemic or other public health emergency. In these instances, it would be
58 recommended to add any additional financial assistance to states and territories through an
59 enhanced federal match or some other mechanism that would revert to the regular federal-
60 state cost sharing formula when an emergency has been resolved. This is a complex, but
61 critical component to fiscal security for the Medicaid program. ~~NCSL looks forward to working
62 with federal partners to identify options and establish a program.~~

63 **Medicaid Managed Care**

64 ~~NCSL urges the Centers for Medicaid and Medicare Services (CMS) to work with states and
65 territories as stakeholders to continue to provide support in the operation and upholding of
66 quality standards for Medicaid managed care entities contracting with states and territories.~~

67 NCSL encourages federal partners to recognize and support the work of states and territories
68 with their Medicaid managed care stakeholders in the following areas:

- 69 • expanding care to those with complex medical needs,
- 70 • improving reach and support for rural health care populations,
- 71 • improving the implementation of patient-centered care and facilities,
- 72 • increasinged integration of physical and behavioral health care services,
- 73 • continuinged development of value-based purchasing and payments focusing on health
74 outcomes over number of services delivered, and
- 75 • the role of community health centers, safety-net hospitals and academic medical
76 services in providing primary and emergency care for Medicaid enrollees.

77 **Children's Health Insurance Program (CHIP)**

78 ~~NCSL supports an on-time, multi-year authorization of CHIP andAs a partnership between the
79 states and the federal government, CHIP is an essential program that must be authorized on
80 time as it provides health care coverage to countless children across the country. NCSL~~

81 encourages the federal government to continue providing flexibility to carry out the program's
82 operation. ~~NCSL supports Congress' multi-year authorization of CHIP funds moving forward.~~
83 ~~As CHIP funding winds down from its previously increased Federal Medical Assistance~~
84 ~~Percentages (FMAP) rate to participating states and territories, we encourage federal partners~~
85 ~~to recognize states may require additional flexibilities for running the CHIP program as a result.~~
86 ~~As these FMAP rates come back down to their original rates, and the CHIP maintenance-of-~~
87 ~~effort (MOE) runs to ensure a source of health care cover for children,~~ NCSL recommends the
88 following for the program:

- 89 • support for states to develop and test systems of coverage for low-income children and
- 90 explore ways for states to share examples of best practices with each other,
- 91 • eliminate any burdensome waiting periods for CHIP enrollment to ensure a reduction in
- 92 gaps of coverage for children, and
- 93 • continued efforts to streamline and facilitate the CHIP and Medicaid application process.

94 Health Insurance Reform

95 **Principles for Federal Health Insurance Reform**

96 States ~~must retain authority to~~ ~~should~~ regulate health insurance and ~~should~~ continue to set and
97 provide oversight on insurance matters. NCSL opposes any proposals that would expand the
98 preemption of state laws and regulations beyond those already established in the Employee
99 Retirement Income Security Act of 1974 (ERISA), the Patient Protection and Affordable Care
100 Act (ACA), and that would exempt any insurer or entity from state health insurance standards
101 and laws. Federal health insurance legislation that establishes mandated benefits or uniform
102 standards, ~~should~~ must have inclusive state feedback prior to implementation, and work to
103 establish standards that work for all states.

104 105 **Implementations of Health Reforms at the Federal Level**

106 NCSL urges Aany implementation of health reforms at the federal level ~~should to~~ require state
107 action to comply and must to allow a reasonable amount of time for state legislatures to debate
108 and enact any necessary legislation for their constituents. NCSL supports developing a

109 process for declaring "substantial compliance" for ~~Where~~ states that already have similar
110 legislation in place, ~~a process for declaring "substantial compliance" should also be developed.~~
111 NCSL urges ~~F~~ederal partners ~~should also~~ to recognize that health insurance programs in the
112 states and territories are where innovations in health insurance and healthcare delivery
113 happen and to utilize states' models of health insurance and care moving forward.

115 **Federal Demonstration Authority for States to Experiment with Innovative Health Care** 116 **Reform Initiatives**

117 NCSL supports federal initiatives to provide financial assistance and to authorize states to
118 experiment with innovative approaches to:

- 119 • increase access to and affordability of health care services, including mental health, to
120 the uninsured or underinsured,
- 121 • improve the quality and cost-effectiveness of our health care system and the flexibility to
122 test new models that do so,
- 123 • increase access to the broad range of long-term care services including home and
124 community-based services (HCBS) that will enable constituents to live in their own
125 homes or communities that provide personalized and a high-quality care,
- 126 • support for health insurance plans that work to integrate physical, behavioral and social
127 determinants of health with the aim of reducing costs and improving overall health
128 outcomes for individuals, and
- 129 • explore a broad range of approaches and financing mechanisms to improve our health
130 care system including reinsurance programs.
- 131 • allow states to continue their work on addressing issues which include but are not
132 limited to surprise medical billing, out-of-network and in-network billing practices and
133 transparency for health care prices and health insurance plans and/or Certificate of
134 Need regulated by states. This includes programs providing patients with the
135 information they need to be ~~an~~ active consumers s in healthcare pricing across providers
136 and services. When pursuing any changes to medical billing practices, We also
137 encourage NCSL urges federal partners ~~as they pursue any changes to medical billing~~
138 ~~practices~~ to not supersede states' ongoing work or authority in state regulated health

139 plans, ~~and~~ to involve states in a timely way when drafting any potential changes to
140 medical billing practices, to be transparent, and ~~and transparency along with~~ to provide
141 adequate time ~~for~~ states to implement any changes.

142 Expires August 2023

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: GLOBAL HEALTH EQUITY WEEK**

3 **TYPE OF POLICY: MEMORIAL RESOLUTION**

4 NCSL Applauds Global Health Equity Week, **Oct. 23-27, 2023** (Memorial Resolution)

5 Global Health Equity Week 2023, (GHEW) is an annual event that will next take place
6 on Oct. 23-27, 2023. GHEW provides key public and private health and information
7 technology stakeholders an opportunity to convene around the country in support of the
8 advancement of health equity and to promote the value and potential of health
9 information and technology to transform the public's overall health and well-being.
10 Initiated in 2006 by HIMSS as National Health IT Week, Global Health Equity Week has
11 emerged as the culminating successor given the importance of health equity to our
12 national health improvement agenda. The week serves as a landmark annual occasion
13 for bringing together diverse global policymakers to affect change. This year's theme is
14 "Supporting Healthy Communities" and will focus on in the following areas:

15 1. Digital Health Literacy, Inclusion, and Access

16 2. Maternal Health Equity

17 ~~1. Maternal Health.~~

18 ~~2. Pandemic Response.~~

19 ~~3. Digital Literacy.~~

20 ~~4. Digital Health Equity.~~

21 ~~5. Public Health Data Modernization.~~

22 ~~6. Telehealth and Broadband Access.~~

23 The National Conference of State Legislatures (NCSL) has worked closely with HIMSS
24 and other stakeholder organizations to promote understanding among state
25 policymakers of the contributions of health IT in meeting the quadruple aim for

26 improving health outcomes, the quality and safety of healthcare delivery, containing
27 healthcare costs, and improve the work life of health professionals. Moreover, NCSL
28 applauds HIMSS for elevating the value of health IT in addressing social determinants
29 of health through the annual Global Health Equity Week events. NCSL and other
30 stakeholders recognize the importance of health information technology and data to
31 ensure states become more resilient to public health threats like COVID-19, the opioid
32 crisis, natural disasters, and chronic diseases that greatly affect our most vulnerable
33 communities. NCSL and HIMSS support state actions to leverage health IT and data
34 systems to achieve these goals. For instance, broadband access and connected health
35 often lead to better health outcomes through the adoption of telehealth and digital
36 decision-making tools essential to empowering people to engage in their own care –
37 care that is value-based, secure, reliable, and that takes into account the social
38 determinants that drive improved outcomes and reduced health disparities.

39 NCSL encourages its members to observe Global Health Equity Week **2023** in
40 appropriate ways in their respective state capitals as well as in the Nation's Capital.
41 NCSL also encourages its members to advocate for their respective delegations to the
42 United States Congress to join in recognizing the benefits of health information and
43 technology as they act to improve healthcare for all citizens during Global Health Equity
44 Week and beyond.

45 Expires August 2024

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2
3 **POLICY: SUPPORTING FEDERAL LEGISLATION TO**
4 **EMPOWER STATES TO PROTECT CHILDREN**
5 **AND YOUTH IN RESIDENTIAL CARE**

6
7 **TYPE OF POLICY: RESOLUTION**

8 WHEREAS, congregate care residential facilities include but are not limited to programs
9 such as wilderness programs, residential treatment facilities, psychiatric residential
10 treatment facilities, therapeutic boarding schools, special education schools,
11 intermediate care facilities for children with intellectual and developmental disabilities
12 and group homes; and

13 WHEREAS, an estimated 120,000- 200,000 children and youth are placed in residential
14 facilities each year by state child welfare and juvenile justice systems, mental health
15 providers, refugee resettlement agencies, school district special education programs,
16 and by parents; and

17 WHEREAS, the majority of these programs are not licensed by any health care agency
18 and as such the children are not protected by the licensure requirements imposed on
19 licensed health care providers; and

20 WHEREAS, some residential facilities still operate without any licensure at all; and

21 WHEREAS, many of these programs advertise treatment despite the lack of licensed
22 health care licensure or eligibility for Medicaid or private insurance reimbursement; and

23 WHEREAS, the current regulatory and licensure framework makes it difficult for state
24 agencies, parents and medical professionals to distinguish between high quality
25 evidence based facilities and dangerous programs that exploit youth; and

26 WHEREAS, an estimated \$23 billion dollars of public funds are annually used to place
27 youth in residential programs and facilities and the cost per child, per day for residential
28 treatment ranges from \$250-\$800; and

29 WHEREAS, many of these placements are funded solely by State General Funds or
30 private funds from parents and as such are not subject to the conditions of participation
31 under Medicaid or utilization review by commercial insurance; and

32 WHEREAS, children and youth are frequently placed in facilities outside their own state
33 of residence; and

34 WHEREAS, the placement of children and youth across state lines creates uncertainty
35 about jurisdiction, definitions of abuse and neglect and accountability measures for
36 individuals or entities that engage in abuse or neglect of children in residential facilities;
37 and

38 WHEREAS, state child welfare and juvenile justice agencies, journalists, and thousands
39 of residential congregate care facility survivors have reported pervasive physical,
40 emotional and sexual abuse, including hitting and choking, sexual assault, harassment,
41 grooming, food and/or sleep deprivation, solitary confinement, inappropriate and
42 punitive use of physical and chemical restraints, restricted access to bathrooms, forced
43 labor, the use of attack therapy, sexual shaming and/or forced sexualized behavior as
44 part of "treatment"; and

45 WHEREAS, news reports document more than 350 child deaths at these facilities and
46 there are additional deaths not reported to the media; and

47 WHEREAS, children and youth in many residential facilities are routinely prohibited from
48 communicating with parents, lawyers or child protection and advocacy agencies or are
49 subject to monitoring of such communications; and

50 WHEREAS, the 2008 Government Accountability Office report "Residential Programs:
51 Selected Cases of Death, Abuse, and Deceptive Marketing" found that "ineffective
52 management and operating practices, in addition to untrained staff, contributed to the
53 death and abuse of youth"; and

54 WHEREAS, the 2021 National Disability Rights Network's report showed that "Physical
55 abuse, often masked as punishment or a control tactic, is not uncommon in [residential

56 facilities]" and that "children in [residential facilities] report sexual assault at the hands of
57 staff"; and

58 WHEREAS, that same report found youth lacked "adequate access to clean water and
59 proper sanitation & have limited recreational space... and some youths report that they
60 are unable to obtain academic credit for education completed at [residential facilities],
61 putting them at a significant disadvantage upon return to their communities."; and

62 WHEREAS, the 2021 "Away From Home" study conducted by the nonprofit Think of Us
63 surveyed 78 youth with recent lived experience in residential placements who reported
64 that institutions failed to meet the mandate of child welfare, were carceral, punitive,
65 traumatic and unfit for healthy child and adolescent development; and

66 WHEREAS, the 2022 Government Accountability Office report "HHS Should Facilitate
67 Information Sharing Between States to Help Prevent and Address Maltreatment in
68 Residential Facilities," was conducted because "news media have reported several
69 incidents of youth being maltreated by staff employed at residential facilities... Little
70 information is publicly available about incidents of maltreatment in federally funded
71 residential treatment facilities for youth;" and

72 WHEREAS, the GAO subsequently recommended that the Department of Health and
73 Human Services, in consultation with the Department of Education, facilitate information
74 sharing among and between states on promising practices for preventing and
75 addressing maltreatment in residential facilities; and

76 WHEREAS, lack of clear national standards for licensing, oversight, abuse investigation
77 and child abuse definitions have left States without needed authority and necessary
78 information to appropriately oversee residential facilities for children and youth; and

79 WHEREAS, Senators Jeff Merkley (D-Oregon), ~~and~~ John Cornyn (R-Texas), and
80 Tommy Tuberville (R-Georgia) and Representatives Ro Khanna (D-California) and
81 Buddy Carter (R-Georgia) ~~will be~~ introduceding federal legislation, currently referred to
82 as the "Stop Institutional Child Abuse Act" to assist states in protecting children and
83 youth from abuse in residential facilities; and

84 WHEREAS, states need access to information about best practices, facility safety and
85 quality and mechanisms to hold contractors to account for state funded services that fail
86 to meet contract standards and harm children and youth; and

87 WHEREAS, youth residential providers need clear and consistent nationwide standards
88 for accountability, oversight and quality service delivery to elevate the quality of services
89 for children and youth; and

90 WHEREAS, children and youth in residential facilities deserve basic protections against
91 all forms of abuse and neglect; access to an appropriate education and necessary
92 medical care; freedom from inappropriate physical, mechanical or chemical restraint;
93 freedom from solitary confinement, forced silence or restricted communication with
94 trusted caregivers including parents, state agencies, advocacy organizations and first
95 responders; and the freedom to report mistreatment anonymously without fear of
96 reprisal;

97 NOW, THEREFORE, BE IT RESOLVED, that the National Conference of State
98 Legislatures urges Congress to pass the bipartisan legislation currently referred to as
99 the "Stop Institutional Child Abuse Act" to provide children and youth with protection
100 from all forms of abuse and to empower States to demand accountability from providers
101 to whom they entrust their children through greater oversight, transparency and
102 accountability for residential care.

1 **COMMITTEE: HEALTH AND HUMAN SERVICES**

2 **POLICY: CONTINUED ACCESS TO FEDERAL TAX**
3 **INFORMATION BY STATE CHILD SUPPORT**
4 **CONTRACTORS**

5 **TYPE OF POLICY: RESOLUTION**

6 Whereas, a federal-state partnership governs the child support program under Title IV-D
7 of the Social Security Act, in which the federal government provides a policy framework,
8 states and tribes oversee ongoing operations and administration, and all partners share
9 funding responsibilities

10

11 Whereas, child support programs provide critical services that help families and children
12 with financial, emotional, and other support, and help reduce the need for families to
13 rely on other public benefits

14

15 Whereas, guidance from the Internal Revenue Service prohibits disclosure of federal tax
16 information to tribal child support programs

17

18 Whereas, the Internal Revenue Code includes a provision that limits federal tax
19 information that can be accessed by state child support contractors, with enforcement of
20 the provision held in abeyance since at least 2009 but scheduled to begin in October
21 2024

22

23 Whereas, contractors play critical roles in most states in supporting and operating the
24 child support program, including paternity establishment, establishment and
25 enforcement of orders, modifications of support orders, customer service contact
26 centers, parenthood initiatives, document management, and development and
27 management of information technology

28

29 Whereas, states that use contractors include a contractual obligation to safeguard and
30 protect federal tax information, provide training to contractors and hold contractors to
31 the same standards to which the Internal Revenue Service holds the states

32
33 Whereas, implementation of the Internal Revenue Code provision would harm the child
34 support program and the families it serves by limiting contractor access to information
35 necessary to locate parents, to establish paternity, to confirm employment and income
36 to establish and collect fair support obligations, and, overall, limit the ability to maintain
37 current services

38
39 Therefore, let it be Resolved that the National Conference of State Legislatures urges
40 that:

- 41 1. Congress adopt bipartisan legislation to modernize the Internal Revenue Code
42 and include direct access to federal tax information by tribal child support
43 agencies. Similar legislation passed the Senate during the 117th Congress (S.
44 534, Wyden (D-OR) - Thune (R-SD))
- 45 2. The Administration permanently allow the continued sharing of federal tax
46 information with state and tribal contractors, at state option, for use in the child
47 support program

48
49 Upon adoption of this resolution, a copy of this resolution shall be submitted to the
50 Secretary of the United States Department of Health and Human Services and the
51 Commissioner of the Office of Child Support Services in the Administration for Children
52 and Families, the Secretary of the United States Treasury, and the Chairs and Ranking
53 Members of the U.S. Senate Committee on Finance and the U.S. House Committee on
54 Ways and Means, the public welfare requiring it.

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