

**NCSL STANDING COMMITTEE on HEALTH
POLICY DIRECTIVES AND RESOLUTIONS**

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1 **COMMITTEE:** HEALTH

2 **POLICY:** ADDRESSING HEALTH WORKFORCE
3 SHORTAGES ~~TO HELP RURAL AND~~
4 ~~UNDERSERVED POPULATIONS~~

5 **TYPE:** DIRECTIVE (Committee draft)

6 NCSL supports federal efforts to address health workforce shortages. In particular:

7

8 **National Health Services Corps**

9 NCSL urges Congress through the National Health Service Corps (NHSC) programs to:

- 10 1. develop additional mechanisms to recruit and retain ~~minority~~ participants;
- 11 2. augment informal efforts to match communities with specific cultural traditions with
12 health care providers with shared cultural experiences, or who are specifically
13 trained in culturally diverse community-based systems of care;
- 14 3. increase and formalize efforts to recruit and place health professionals who
15 represent racial and ethnic minorities in communities who request them;
- 16 4. improve training to encompass cultural competency that considers
17 geographical/regional differences that may affect the health delivery system;
- 18 5. more directly involve communities in the recruitment, selection and retention of
19 health care professionals through community sponsorships;
- 20 6. increase the emphasis on public/private partnerships, including faith-based
21 institutions, to enhance community involvement and contractual arrangements with
22 independent health care providers;
- 23 7. develop programs, including a community needs assessment and telehealth, to
24 assist remote communities that are ~~those~~ too small for community health centers
25 but ~~large enough to~~ need assistance in ~~obtaining~~ primary health care for its
26 citizens; and
- 27 8. provide technical assistance to states and local communities in implementing
28 NHSC programs and maximizing resources.

29

30 **The Conrad 30 State J-1 Visa Program**

31 NCSL urges Congress to:

- 32 • Permanently authorize the Conrad 30 State J-1 Visa program;
- 33 • Make additional waivers in states for academic medical centers;
- 34 • Increase the current cap on the number of visa waivers per state;
- 35 • Allow physicians who work in underserved areas for five years (three of which
36 could be through the Conrad 30 program) ~~to would~~ be eligible for a green card
37 through the physician National Interest Waiver (NIW) program and exempt from
38 the worldwide cap on employment-based green cards;
- 39 • Allow physicians who serve in Conrad 30 "flex" spots to be eligible for the National
40 Interest Waiver (NIW) green card program.
- 41 • Allow physicians who enter the country on a J visa to receive graduate medical
42 education or training with the intent to immigrate permanently; and
- 43 • Allow spouses and children of ~~fr~~ physicians on J visas to be exempt from the two-
44 year home country return requirement.

45

46 **HRSA Health Professions Grants and Cooperative Agreements**

47 ~~The Health Resources and Services Administration (HRSA), through a number of grants~~
48 ~~and cooperative agreements, supports innovations and targeted expansions in health~~
49 ~~professions education and training. Most of these programs focus on: (1) increasing the~~
50 ~~diversity of the health care workforce; (2) preparing health care providers to serve diverse~~
51 ~~population; and (3) preparing health care providers to practice in the nation's medically~~
52 ~~underserved communities. NCSL urges Congress to continue to support these important~~
53 ~~programs that:-~~

- 54 • support innovations and expansions in health professions education and training;
- 55 • prepare health care providers to serve diverse populations; and
- 56 • prepare health providers to practice in the nation's medically underserved areas
57 and health professional shortage areas.

58

59 **Community Health Centers, Rural Health Clinics, Centers Rural Emergency**
60 **Hospitals and Federally-Qualified Health Centers**

61 NCSL urges Congress to continue its support of community health centers, rural health
62 clinics, rural emergency hospitals centers and Federally Qualified Health Centers and
63 similar and related facilities that play a-critical roles in the health care safety net.

64 NCSL urges Congress to adopt legislation that amends the Public Health Service Act to
65 deem a health professional volunteer providing primary health care to an individual at a
66 community health center or rural health center to be an employee of the Public Health
67 Service for purposes of any civil action that may arise from providing services to patients.

68 This protection would apply when:

- 69 1. the service is provided to the individual at a community health center or rural
70 health center through offsite programs or events carried out by the center; and
- 71 2. the health care practitioner does not receive any compensation for providing the
72 service, except repayment for reasonable expenses.

73
74 **Rural Health Programs and State Rural Health Offices**

75 NCSL urges Congress to:

- 76 • Support discretionary rural health programs that provide important health service
77 support and resources to rural and remote areas of the country. Programs include,
78 but are not limited to:
 - 79 ○ Rural health outreach grants
 - 80 ○ Rural health research program
 - 81 ○ Rural health flexibility grants
 - 82 ○ Telehealth programs

83 NCSL urges Congress to continue its support of the State Office of Rural Health Grant
84 Program. Today's state offices provide an institutional framework that links small rural
85 communities with state and federal resources and develops long-term solutions to rural
86 health problems. States have become a major agent for change in rural health policy and
87 service delivery, due in part to the work performed by the state rural health offices.

89 **Telehealth**

90 NCSL urges Congress to support state-driven efforts to modernize licensure portability
91 while preserving the integrity of state-based regulation, oversight, and public
92 accountability by:

- 94 • preserving state authority in licensure and scope of practice -for care provided in-
95 person or via telehealth.
- 96 • supporting state-driven licensure portability solutions through aligned federal
97 policy, funding and administrative flexibility
- 98 • enabling portability while ensuring all patients receive high-quality, accountable
99 care—regardless of how or where it is delivered.
- 100 • bolstering state data-sharing systems, reporting infrastructure, and disciplinary
101 coordination—particularly in cases involving cross-border practice.
- 102 • preserving state authority to investigate misconduct, enforce professional
103 standards, and safeguard public health.
- 104 • providing flexible federal funding to support licensure system modernization, data
105 infrastructure, and portability initiatives;
- 106 • supporting cross-jurisdictional collaboration, led by states, that preserves
107 accountability and protects patients.

108
109 **Workforce Training**

110 NCSL urges Congress to consider legislation that will help health professionals better
111 meet the unique needs of the communities they are serving. ~~promote cultural~~
112 ~~competency training for health care providers, thus helping to decrease the racial, ethnic,~~
113 ~~gender language, disability and socio-economic disparities apparent today within health~~
114 ~~care.~~

115
116 **Graduate Education**

117 Recognizing that states are best equipped to assess and address their unique workforce
118 needs, NCSL urges the federal government to:

- 119 • expand federal funding for GME slots with priority given to states with provider
- 120 shortages and underserved areas.
- 121 • allow states greater flexibility in how Medicare-funded GME slots are allocated to
- 122 meet regional needs (e.g., by specialty, rural location, or high-need populations).
- 123 • create a federal-state matching mechanism for new GME slots to incentivize
- 124 investment in community-based and rural training sites.
- 125 • prioritize funding for providers who commit to serving in shortage areas as defined
- 126 by federal workforce assessments.
- 127 • provide states with block grants or matching funds to create or enhance state-level
- 128 loan repayment programs tailored to their workforce gaps.
- 129 • establish a federal Health Workforce Innovation Fund for states to pilot and scale
- 130 strategies such as apprenticeship models, residency consortia, telehealth training,
- 131 and career pipelines into and throughout health care centers. ~~career pipelines into~~
- 132 ~~and throughout health care centers.~~
- 133 • ensure equitable access to federal workforce funds for states regardless of
- 134 population size or political affiliation.
- 135 • enhance federal investment in workforce data infrastructure to support state
- 136 workforce planning, including standardized data sharing, forecasting tools, and
- 137 labor market analysis.

1

1 **COMMITTEE: HEALTH**

2 **POLICY: PUBLIC HEALTH**

3 **TYPE: DIRECTIVE (Committee draft)**

4 ~~The U.S. Department of Health and Human Services (HHS), the Centers for Disease~~
 5 ~~Control and Prevention (CDC) and the National Institutes of Health (NIH), plays an~~
 6 ~~important role in supporting state and local public health infrastructure. HHS provides~~
 7 ~~national surveillance of infectious disease, applied research to develop new or improved~~
 8 ~~diagnoses, disease prevention and control strategies, and helps strengthen states'~~
 9 ~~capacity to respond to outbreaks of new or reemerging disease.~~ Federal support
 10 through grants and cooperative agreements, research and technical assistance is key to
 11 the stabilization and effective operation of the nation's public health system and
 12 provides critical support for the state and local public health infrastructure.

13

14 NCSL urges the administration and Congress to continue to support:

- 15 • ~~(1)~~ timely funding of grants and cooperative agreements to state and local
 16 governments for a broad range of public health activities; and
- 17 • ~~(2)~~ research and technical assistance, which assists states in the development
 18 and implementation of effective public health programs. †
- 19 • ~~n addition, NCSL supports~~ efforts to foster the development of public and private
 20 sector partnerships to increase community accessibility to public health
 21 information and public health programs.

22

23 **Health Disparities**

24 NCSL urges HHS and its agencies, offices, institutes, and centers ~~to, should~~ work with
 25 NCSL and state policymakers to reduce and eliminate health disparities by: (1)
 26 identifying non medical social drivers of health that are major contributors ~~determinants~~
 27 ~~which lead~~ to health disparities; and (2) helping to create and enhance standards for the

28 collection and reporting of data by federally funded health and health care programs.

29 This data should include:

- 30 1. race, ethnicity, sex, primary language, disability status;
 - 31 2. those living in rural, underserved metropolitan and frontier areas; and
 - 32 3. other characteristics identified by the Secretary of HHS.
- 33 • ~~by federally funded health and health care programs in order to~~ Improved data
34 collection and reporting will enable the analysis and monitoring of health disparity
35 trends and support the development of promising practices and programs to eliminate
36 disparities, based on the data collected.

37

38 **Reporting Requirements**

39 NCSL believes reporting requirements are important, but should be limited to
40 requirements where there is a reasonable expectation that the data will be used to: (1)
41 analyze trends; (2) improve patient outcomes; (3) improve program effectiveness; and
42 (4) eliminate health disparities. In addition, efforts must be made to impose data
43 collection and reporting requirements in the least burdensome way possible.

44

45 **Funding**

46 NCSL urges the President and Congress to maintain funding to HHS agencies and
47 offices, ~~including the CDC, OMH, and NIH~~, to:

- 48 1. support the continued efforts ~~of the HHS Office of Minority Health's National~~
49 ~~Partnership for Action to End Health Disparities (NPA)'s efforts~~ to mobilize a
50 nationwide, comprehensive, community-driven, and sustained approach to
51 combating health disparities, and;
- 52 2. continue support for ~~the Regional Blueprints for Action, which aligns with the~~
53 ~~National Stakeholder Strategy strategies~~ to help guide action at the local, state,
54 and regional levels;
- 55 3. augment outreach and other efforts targeting populations, including racial and
56 ethnic minorities, at higher risk of chronic diseases and illnesses;
- 57 4. provide quality and efficient care;

- 58 5. improve health outcomes;
- 59 6. increase cost-effectiveness;
- 60 7. meet legislative, organizational, and accreditation standards; and
- 61 8. develop additional evidence-based prevention and interventions targeting ethnic
- 62 and racial minorities.

63

64 **Clinical Trials and Research**

65 NCSL urges the federal government to make every effort to include more women and

66 minorities in clinical trials and other research initiatives to improve health care strategies

67 and programs and to eliminate disparities.

68

69 **Health Promotion and Disease Prevention**

70 NCSL urges the administration and Congress to continue to support public health

71 education initiatives that:

- 72 • are culturally sensitive, language accessible, and age appropriate;
- 73 • It is imperative that these public health education initiatives integrate (1)
- 74 messages that promote healthy lifestyle choices; and
- 75 • (2) include strategies for disease prevention; messages and
- 76 • (3) are tailored approaches targeted for all communities and age
- 77 groups, including populations with specific health as well as other specifically
- 78 identified populations within the community who have special healthcare
- 79 concerns, needs and or elevated risks.

80

81 **Healthy and Responsible Lifestyle Choices**

82 NCSL supports programs that promote voluntary healthy lifestyle choices and reduce

83 high-risk behaviors through education, counseling and, treatment, and encourages the

84 federal government to provide adequate funding for these programs.

85

86 **Preventive Health and Health Services Block Grant**

87 NCSL urges Congress to continue to support this program. Under this program, states
88 are given maximum flexibility to design and implement programs that meet the needs of
89 their citizens.

90

91 **Preventive Health Screenings and Check-Ups**

92 NCSL urges Congress to increase support for initiatives to promote regular preventive
93 health screenings and check-ups. NCSL ~~is particularly supportive of~~strongly supports
94 efforts to educate the public that provide information about and encourage promote
95 screenings for conditions such as cardiovascular disease, dental disease, obesity,
96 asthma, diabetes, and cancer. NCSL also supports efforts to ensure that children
97 receive age-appropriate check-ups and screenings, including: that include
98 recommended childhood immunizations, comprehensive dental, vision and hearing
99 screenings, and access to appropriate recommended follow-up care and treatment.

100 NCSL encourages efforts to maintain affordable and accessible preventive services.

101 These preventive efforts help to improve long-term health outcomes and reduce chronic
102 disease.

103

104 **Chronic Disease Management**

105 NCSL urges Congress to continue to support initiatives that promote affordable access
106 to care and effectivethe management of chronic conditions such as obesity,
107 cardiovascular disease, dental disease, diabetes, asthma, kidney disease, mental
108 health disorders, and a wide range of autoimmune diseases. NCSL ~~is support~~sive of
109 initiatives that provide case management services – particularly to children with one or
110 more chronic conditions – to ensure coordinated, comprehensive, and continuous care.

111

112 **Oral Health**

113 NCSL supports federal initiatives that promote oral health by encouraging individuals to
114 have regular check-ups and to practice good oral hygiene. These initiatives should
115 include educational activities that emphasize the connection between oral health
116 importance of good dental care to and overall well-being good health. NCSL supports

117 efforts to increase access to quality, affordable dental care, including initiatives to
118 improve public and private sector coverage of dental services, and improve oral health
119 literacy within the public. NCSL also urges HHS to provide states flexibility to develop
120 innovative Medicaid dental programs to increase access to and ~~the~~ utilization of oral
121 health care services.

122

123 **Health Education for Health Care Professionals**

124 NCSL supports efforts to encourage institutions that train health professionals to
125 ~~incorporate include in their curriculum a~~ greater emphasis on culturally competent
126 health promotion and disease prevention ~~in their curricula information~~. Expanding
127 provider training in these areas can improve patient communication, increase trust, and
128 lead to better health outcomes in diverse communities.

129

130 **Access to Health Screenings and Disease Treatment**

131 NCSL supports efforts to encourage insurers and other third-party payers, including
132 Medicare and Medicaid, to cover evidence-based cancer screening tests and
133 treatments. NCSL supports federal initiatives to improve coverage of cancer-related
134 services -screenings, tests, and treatments- that have been ~~shown based on proven~~
135 effective through evidence-based evaluations, ~~to be beneficial for the population~~
136 served. ensuring individuals have access to timely and appropriate screening and care.

137

138 **Technical Assistance to States to Improve the Quality, Capacity, and Access of** 139 **Mental Health Services**

140 NCSL urges HHS to provide technical assistance to states to monitor and improve the
141 provision of mental health services to adults and children. NCSL also encourages HHS
142 to collaborate and to work with the medical community to develop guidance regarding
143 behavior therapies, either as alternatives to or in combination with psychotropic
144 medications, that may replace or be used in concert with medications- to reduce
145 reliance the dependence of on psychotropic medications as the primary or sole
146 treatment option.

147

148 **Mental Health Treatment of Children**

149 NCSL encourages the federal government to support efforts to:

- 150 1. ~~d~~Develop evidence-based treatment protocols to be used ~~before advancing prior~~
151 to initiating pharmacotherapies;
- 152 2. ~~e~~Offer guidance to the primary care community on ~~the effective~~ alternatives to
153 pharmacotherapies for treating mental illness in children; and
- 154 3. Strengthen and increaseexpand the pediatric mental health workforce.

155

156 **Vaccines and Immunizations**

157

158 **Childhood Immunizations**

159 NCSL supports efforts designed to increase the overall number of children immunized.

160 This includes expanding the availability of vaccines throughand the use of alternative

161 sites — such as schools, community health centers, or other community settings — to

162 deliver vaccines to children when appropriate, cost effective, and convenient. NCSL

163 urges the federal government to increase public education initiatives that designed to

164 provide parents with accurate, the most up-to-date information aboutregarding

165 recommended childhood immunizations for their children. NCSL also and supports

166 continued research to improve the safety and efficacy of childhood immunizations.

167 NCSL urges Congress and the Administration to work with states to ensure every child

168 receives the recommended childhood immunizations and to improve immunization

169 delivery, education, and funding and other policies to help meet that goal over the long

170 term. Finally, NCSL asks Congress to continue to allow states to set their own childhood

171 vaccine coverage policiesy.

172

173 **Adult Immunizations**

174 NCSL urges Congress to continue efforts to increase the number of adults who receive

175 recommended immunizations and encourages continued special effortstargeted

176 outreach to ensure high-risk adults, young adults, and older adults receive all

177 recommended immunizations, with particular attention to addressing barriers related to
178 cost, convenience, and health literacy.

179

180 **Vaccine Supply**

181 NCSL urges the administration and Congress to provide or appropriate sufficient funds
182 to maintain a reasonable national stockpile of vaccines, including pediatric
183 immunizations ~~and vaccine~~, seasonal influenza vaccines and vaccines that may be
184 used during apotential pandemics to ensure timely access for all individuals and to
185 support equitable distribution during times of increased demand. ~~so that everyone who~~
186 ~~needs an immunization can be served.~~

187

188 **Workplace Safety and Health Care Workers**

189

190 **Occupational Hazards/Workplace Safety**

191 NCSL urges the federal government to increase awareness of occupational hazards
192 and promote workplace safety through accessible education and prevention
193 strategies. ~~ways to avoid accidents in the workplace.~~ Information and resources must be
194 provided to both employers and employees and should be included in broader ~~the~~
195 national efforts to emphasize health promotion and disease prevention.

196

197 **Pandemic and All-Hazards Preparedness**

198 State and local governments are the first line of defense against acts of bioterrorism and
199 other public health emergencies. State legislators are committed to enhancing the ability
200 of their states to prepare for and respond to these events. A strong partnership between
201 states, the federal government, and other public and private non-profit entities is the
202 best way to accomplish this goal. NCSL urges to the administration and Congress to:

- 203 1. provide states, territories, and the District of Columbia with direct, sufficient and
204 stable funding to enable them to continue to build and maintain ~~an~~ infrastructure
205 to support ongoing efforts to respond to bioterrorism and other public health
206 emergencies;

- 207 2. pass federal funds through the states for distribution to local governments,
208 hospitals and other entities, permitting state officials to take the lead in planning
209 on a regional and statewide basis and utilize federal funds in the most efficient
210 and effective way;
- 211 3. require federal grantees to collaborate with their respective states and coordinate
212 all of their activities with the state plan;
- 213 4. provide states the flexibility necessary to meet their diverse needs and priorities;
- 214 5. build upon existing national and state preparedness initiatives rather than
215 duplicating efforts;
- 216 6. ensure that regulations and requirements imposed on states are accompanied by
217 sufficient funding and realistic deadlines ~~to support for~~ implementation, both
218 immediately and in the long term; and
- 219 7. authorize the appropriate federal official to temporarily waive or modify the
220 application of federal laws that may impede ~~implementation of state plan~~ timely
221 state-level responses during a bioterrorist attack or other public health
222 emergency.

223

224 **Public Health and the Environment**

225

226 **Lead Poisoning**

227 NCSL supports federal efforts to prevent and detect lead poisoning in children ~~and~~ the
228 environment. NCSL urges the federal government to continue to assist state and local
229 health officials in addressing this serious health care problem.

230

231 **Vector-Borne Illness**

232 NCSL supports the efforts of the CDC to prevent and respond to ~~abate~~ vector-borne
233 illness, including-Chikungunya, Eastern equine encephalitis virus (EEEV), Lyme-
234 Disease, Malaria, Rocky Mountain spotted fever, ~~and~~ West Nile Virus, and Zika virus-
235 by:

- 236 1. providing training and assistance to front-line disease surveillance and response
237 staff;
- 238 2. offering clinical education programs to health care providers;
- 239 3. collaborating with state and local health departments; and
- 240 4. providing funding to states to support epidemiology, vector control, and response
241 activities addressing vector-borne disease.

242

243 **Maternal and Child Health**

244

245 **Maternal and Child Health (MCH) Block Grant**

246 The MCH block grant allows states to providemeet a broad range of health services for
247 mothers and children. NCSL supports the MCH block grant and urges Congress to
248 continue to provide adequate funding. NCSL opposes efforts to transfer program
249 responsibilities to the MCH block grant without the funding to accompany it, thereby
250 reducing the funding available to functions currently funded through the block grant.

251

252 **The Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)**

253 The MIECHV program facilitates collaboration and partnership at the federal, state, and
254 community levels to improve the outcomeshealth of at-risk children through evidenced-
255 based home visiting programs. NCSL supports community-based, state-federal
256 partnerships and initiatives that working with parents and caregivers to provides a
257 supportive environments thate:

- 258 1. improve maternal and child health;
- 259 2. promote healthy child development and school readiness;
- 260 3. improve parenting skills; and
- 261 4. prevent child abuse and neglect.

262

263 NCSL urges Congress to continue financial support for the MIECHV program and to
264 provide state flexibility in the administration of the program based on needs
265 assessments that identify community and family vulnerabilities.

266

267 **Universal Newborn Screening**

268 The Universal Screening program provides competitive grants to states for the
269 implementation of a national program of universal newborn screening that includes
270 using a few drops of blood from a newborn's heel within 24-48 hours after birth to
271 screen for certain genetic, endocrine and metabolic disorders, as well as newborn
272 hearing screening. Newborn hearing screening consists of: (1) physiologic testing prior
273 to hospital discharge; (2) audiologic evaluation by three months of age; and (3) entry
274 into a program of early intervention by six months of age.

275

276 NCSL supports the State Universal Newborn Screening program and urges Congress to
277 continue to provide adequate funding. NCSL supports the autonomy of each state to
278 execute its state screening program and supports federal efforts that incentivize states
279 to screen for every disorder included on the federal Recommended Uniform Screening
280 Panel (RUSP) and to include new conditions added to the RUSP in the future to the
281 state screening panel in a timely manner.

282

283 **Teen Pregnancy Prevention**

284 The federal government offers a range of programs and supports to state governments
285 to help reduce teen pregnancies recognizing that state, tribal, and local governments
286 are best situated to determine the best programs for their constituents. NCSL supports
287 the full range of programs available to state, tribal, and local governments and
288 researchers to help prevent unplanned teen pregnancies. NCSL supports continued
289 funding for these critically important programs.

1 **COMMITTEE: HEALTH**

2 **POLICY: VETERAN'S HEALTH**

3 **TYPE: DIRECTIVE (Committee draft)**

4 NCSL supports federal initiatives to improve the accessibility and quality of health care
5 services to U.S. [military](#) veterans and their families. NCSL is particularly supportive of
6 efforts to:

- 7 • increase access [and streamline eligibility and enrollment processes](#) to health
8 care services to veterans and their families;
- 9 • improve and expand mental health services both in person and remotely;
- 10 • provide [information and](#) assistance to veterans and their families regarding the
11 range of health care services available to them and the appropriate means of
12 accessing the services;
- 13 • expand and improve services to veterans who are amputees, who have traumatic
14 brain injuries or [who have](#) other conditions or injuries sustained during active
15 duty. NCSL urges the Department of Defense and the Department of Veterans
16 Affairs to work closely with state and local governments ~~to~~ when they can [to](#)
17 assist in the implementation of these initiatives, including sharing information with
18 state ~~v~~veteran's ~~d~~Departments regarding the status of veterans residing in the
19 state;
- 20 • improve the operation of the Veterans Health Administration [by reducing wait
21 times for appointments, pursuing better coordination with other health care
22 providers and creating easier access to specialized care.](#)

23

24 **Extension of TRICARE Prime to Veterans in the U.S. Commonwealths and**
25 **Territories**

26 NCSL supports the extension of TRICARE prime to American Samoa, Guam, the
27 Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico and
28 the Virgin Islands.

1 **COMMITTEE: HEALTH AND TECHNOLOGY AND**
2 **COMMUNICATIONS**
3 **POLICY: ARTIFICIAL INTELLIGENCE IN HEALTH CARE**
4 **TYPE: RESOLUTION (Committee draft with input from**
5 **NCSL’s Health Innovations Task Force)**

6 **WHEREAS**, the integration of Artificial Intelligence (AI) in health care presents
7 significant opportunities to enhance patient care, improve health outcomes, address
8 workforce shortages and increase operational efficiencies;

9
10 **WHEREAS**, states are at the forefront of developing and implementing AI policies
11 tailored to their unique health care needs and challenges;

12
13 **WHEREAS**, robust data privacy and security measures must be enforced to protect
14 patient information used in AI systems, in compliance with existing federal and state
15 regulations;

16
17 **WHEREAS**, AI technologies must undergo validation appropriate to the level of risk they
18 present, with particularly higher risk healthcare applications—subject to rigorous,
19 ongoing evaluation to assess and verify their performance, reliability, fairness and safety
20 prior to deployment;

21
22 **WHEREAS**, states and the federal government must work together to balance the need
23 for safety and privacy without stifling innovation;

24
25 **WHEREAS**, in light of state legislative and regulatory activity in this area, federal
26 preemption of state AI laws and regulations could interfere with state efforts to create
27 solutions that meet the unique needs of their residents and businesses.

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NOW, THEREFORE, BE IT RESOLVED, that the National Conference of State Legislatures urges the federal government to:

- Collaborate with states to develop guidelines for the reasonable and trustworthy use of AI, including transparency in AI decision-making processes and accountability mechanisms for AI developers, deployers and users;
- Incorporate insights and best practices from state-level initiatives in establishing any federal framework for the regulation of AI in health care;
- Work with states, standards development organization and federal partners to advance standardized protocols for data sharing and interoperability, ensuring that AI systems can securely and efficiently access and utilize health data across state lines;
- Support initiatives such as model cards and nutrition labels and/or other formats that convey source attribute information to ensure consistent and standard transparency of AI developers;
- Work with states to adopt plain language descriptions of the logic and rationale for AI applications (including attributes defining the intended use and inappropriate use of the model, the testing data sets used for developing the model, and the results of feasibility and real-world testing) used by AI/Machine Learning so the functionality, risk, potential bias, and signs of model drift are easily understood by end users.
- Provide financial and regulatory support for initiatives that ensure developers have safe access to diverse data sets and initiatives that allow models to be trained and tested on robust data appropriate to the populations for whom the models will be used;
- Collaborate with states to support the development of a diverse and skilled AI workforce in health care;
- Partner with states on financial investments in education and training programs to equip health care professionals with the skills needed to effectively and responsibly use AI technologies;

- 58
- Work with states and standards development organizations to develop federal standards for AI performance monitoring and evaluation to keep AI system reliable, fair and safe over time. This may include, local, recurrent validation (process of ongoing technical checks and improvements after deployment) and post-market surveillance (monitoring real-world impact and user safety) of AI systems.
- 64
- Consult with states as they debate and develop AI legislation and regulations, paying particular attention to how any federal law or regulation will impact state laws governing AI. Federal laws and regulations in the AI space should establish a strong national policy floor, set a consistent and aligned baseline of rights, safety and accountability while preserving states' ability to adopt additional protections in their own laws as needed; and
- 70
- Ensure that federal AI legislation and regulation does not usurp states' ability to legislate and regulate in areas that traditionally rest under the oversight of states and local governments; and

74 **BE IT FINALLY RESOLVED** that a copy of this resolution be sent to the President of the
75 United States, all members of Congress, and all relevant federal and state officials.

1 **COMMITTEE: HEALTH**
2 **POLICY: STATE REGULATION OF PHARMACY BENEFIT**
3 **MANAGERS AS INSURANCE COMPANIES**
4 **TYPE: RESOLUTION Sponsored by Minnesota Rep.**
5 **Steve Elkins**

6 Whereas, Pharmacy Benefit Management (PBM) companies provide health insurance
7 products covering the provision of prescription drug benefits, both as standalone
8 products (under Medicare Part D) and as elements of broader health care insurance
9 plans offered by other health care insurers.

10

11 The practices of PBMs have come under increasing scrutiny for their adverse impact on
12 the prices of prescription drugs paid by patients at the pharmacy counter, including
13 practices related to:

14

15 Spread Pricing (Charging a health insurer client more for a prescription than the
16 amount that the PBM paid to the pharmacy).

17

18 Transaction fees paid to the PBM by Manufacturers, Health Plans and Retail
19 Pharmacies (and their disposition).

20

21 The contract provisions associated with rebates paid to the PBM by
22 Manufacturers and the disposition of the rebate revenues.

23

24 Several states now regulate PBMs as health insurance companies under state law.

25

26 Therefore, let it be Resolved that the National Conference of State Legislatures urges
27 that Congress adopt bipartisan legislation to clarify that The **Employee Retirement**
28 **Income Security Act of 1974** (ERISA) does not pre-empt states from regulating the

29 offerings of Pharmacy Benefit Management companies as commercial health insurance
30 companies under applicable state laws.

31

32 Upon adoption of this resolution, a copy of this resolution shall be submitted to the
33 Secretary of the United States Department of Labor and the Chairs and Ranking
34 Members of the U.S. Senate Committee on Health, Education, Labor and Pensions and
35 the U.S. House Committee on Education and the Workforce, the public welfare requiring
36 it.

37

1 **COMMITTEE: HEALTH**
2 **POLICY: STATE COLLECTION OF HEALTHCARE CLAIMS**
3 **DATA FROM ERISA PLANS**
4 **TYPE: RESOLUTION Sponsored by Minnesota Rep.**
5 **Steve Elkins**

6 Whereas, in Section 735 of the Employee Retirement Income Security Act of 1974
7 (ERISA) Congress has encouraged the States to develop All Payer Claims Databases
8 (APCDs) to improve the quality of healthcare policy research.

9
10 Use of State APCD data has helped to shed light on the cost of health care at the local
11 level with price transparency tools, helping to drive down the cost of care.

12
13 State APCD data have also been used to report variation in cost and health care quality,
14 as well as wasteful health care spending that is not supported by evidence-based
15 guidelines.

16
17 State APCD data could be used by employers to assist them in the exercise of their
18 fiduciary responsibilities to their employee plan members.

19
20 Federal courts have ruled that, under ERISA, the contribution of claims data to state
21 APCDs by ERISA plan sponsors and their plan administrators is voluntary.

22
23 The absence of ERISA plan data in state APCDs results in an over-representation of
24 Medicare, Medicaid, and state employee data in state APCDs, which skews the
25 outcomes of health policy research conducted using APCDs.

26
27 Therefore, let it be Resolved that the National Conference of State Legislatures urges
28 that Congress adopt bipartisan legislation to clarify that The Employee Retirement
29 Income Security Act of 1974 (ERISA) does not pre-empt states from requiring that

30 employer sponsors of ERISA health plans and their plan administrators contribute
31 healthcare claims data to state All Payer Claims Databases as defined in ERISA section
32 735.

33

34 Upon adoption of this resolution, a copy of this resolution shall be submitted to the
35 Secretary of the United States Department of Labor and the Chairs and Ranking
36 Members of the U.S. Senate Committee on Health, Education, Labor and Pensions and
37 the U.S. House Committee on Education and the Workforce, the public welfare requiring
38 it.