# NCSL STANDING COMMITTEE on HEALTH

# POLICY DIRECTIVES AND RESOLUTIONS

## LEGISLATIVE SUMMIT
## Chicago, Illinois
## July 27-29, 2026

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1 **COMMITTEE: HEALTH**

2 **POLICY: AGING SERVICES (OLDER AMERICANS ACT)**

3 **TYPE: DIRECTIVE**

4 The National Conference of State Legislatures (NCSL) strongly supports the Older
5 Americans Act programs and the services funded through this act. NCSL urges
6 Congress to:

7 - Increase the funding authorization limit and appropriate sufficient funding to meet
8 the growing demands for the OAA programs, especially the National Family
9 Caregiver Support Program, Nutrition Services and Adult Protective Services
10 - provide states flexibility to establish standards and decide how program funds will
11 be distributed;
12 - ensure that OAA programs reach low-income, minority and rural older adult
13 households;
14 - increase efforts to inform those eligible about services available to them under
15 the OAA and other state and federal programs;
16 - strengthen the authority of state government through designated State Units on
17 Aging to ensure that service funds under the Act are used to support
18 independence in older populations and those in greatest social and economic
19 need; and
20 - protect state authority to distribute funds based on their own criteria.

21

22 NCSL urges Congress to provide states flexibility in the administration of the OAA and
23 the authority to:

24 - transfer funds between the nutrition program and the social services program
25 according to a state's needs;
26 - combine congregate and home delivered meals; and
27 - determine the type and circumstances under which Area Agencies on Aging
28 (AAA)'s can directly provide services;

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- Allow states to hold back 1% of Title III funds to support piloting new innovations in home and community based supportive services;
- Support more OAA funding flexibility.

NCSL supports additional resources for the ombudsman program.

NCSL encourages federal policies and resources that support state program using participant contributions, including voluntary contributions, cost sharing and private pay. NCSL believes that participants with incomes below 125 percent federally established level of poverty, should not be subject to cost sharing. Fees collected through fee for service mechanisms should provide for expanded services and increased availability of services to older adults with the greatest economic and social need. This will also enhance the coordination and equity between OAA, the Social Services Block Grant, and state-financed programs that are often funded on a sliding fee scale.

**Senior Community Service Employment Program**

NCSL supports the Senior Community Service Employment Program and federal policies that strengthen coordination with states and national grantees and provide sufficient flexibility to align the SCSEP with state aging and workforce systems.

NCSL is also in support of moving the SCSEP from the Department of Labor to the Administrtion for Community Living to better integrate its services with aging programs.

**Federal Policies on Aging**

NCSL urges Congress to:

1. strengthen funding for Adult Protective Services and guardianship programs to help states protect older adults from abuse, neglect and exploitation;
2. preserve the financial integrity of the Social Security system;
3. eliminate all forms of age discrimination against older workers;

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59 4. provide funds for direct services for older adults;
60 5. fund the development of integrated, coordinated, community-based continued
61 care systems to help prevent the unnecessary institutionalization of older adults;
62 and
63 6. provide additional support for gerontological research, education and training.

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**COMMITTEE:** **HEALTH**

**POLICY:** **FEDERAL REGULATION OF INTERSTATE AND INTERNET TOBACCO SALES**

**TYPE:** **DIRECTIVE**

**Regulation of Interstate and Internet Sales of Tobacco Products**

Illegal interstate, tribal and internet sale of tobacco products and other nicotine delivery systems affects the health and safety of the nation’s citizens and has a particularly negative effect on state revenues. Sellers that evade state tobacco and other nicotine delivery product taxes: (1) use the profits of these sales to finance other illicit activities; (2) undermine state efforts to reduce youth access to these products by making lower cost products available to them through the mail; and (3) reduce state revenue. In addition, many of these sellers fail to comply with the provisions of the Master Tobacco Settlement Agreement, endangering state compliance with the Agreement and reducing state payments under the agreement by illegally gaining market share in cigarette sales by offering lower prices made possible by their failure to pay the appropriate state taxes.

NCSL supports the Prevent All Cigarette Trafficking (PACT) Act (amended in 2021 to include electronic delivery systems (ENDS) which are defined broadly to include products delivering nicotine from any source, including synthetic nicotine. NCSL also supports the PACT Act and the continuing partnership between the states and the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) to implement this important law that:

Imposes improved recordkeeping to support enforcement of state and federal requirements:

Prohibits the commercial importation of tobacco products, including electronic nicotine delivery systems and other nicotine delivery systems, into any state in violation of state or federal law;

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28 Increases the penalties for noncompliance with federal laws regulating interstate and
29 internet sale of tobacco products, electronic and other nicotine delivery systems;

30 Authorizes states to enforce tobacco, electronic and other nicotine delivery systems tax
31 collections;

32 Permits states to collect triple damages in any suit against entities selling tobacco and
33 electronic and other nicotine delivery systems in states in violation of the laws of the
34 state and make debts incurred in the purchase of these products uncollectible through
35 actions in courts;

36 Prohibits interstate tobacco and electronic and other nicotine delivery systems sellers
37 from doing business in a state that is party to the Master Settlement Agreement if the
38 seller is not in full compliance with the Model Statute or the Qualifying Statute enacted
39 by the state;

40 Preserves existing agreements between states and tribal governments regarding
41 cigarette and electronic and other nicotine delivery systems taxes; and

42 Affirms and strengthens state authority to regulate and enforce electronic and other
43 nicotine delivery systems delivery sales, including age-verifiction, directory-listing
44 requirements and shipping and delivery restrictions

45

46 **FDA Regulation of Tobacco and Tobacco Products**

47 NCSL supports the role of the Food and Drug Administration (FDA) as the agency
48 responsible for the regulation of the manufacturing, marketing and sale of tobacco,
49 electronic and other nicotine delivery systems products to protect public health while
50 preserving state authority to regulate the sale, distribution and youth access to these
51 products. I

52 Specifically, NCSL supports:

53

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54 Restrictions on the sale and marketing of tobacco and electronic and other nicotine
55 delivery systems products to young people;

56 Requirements that tobacco, electronic and other nicotine delivery systems
57 manufacturers disclose information about the ingredients of their products and any
58 changes they make to the ingredients;

59 (4) Federal authority to require changes to tobacco, electronic and other nicotine
60 delivery systems products to protect the public health;

61 Federal regulation of “reduced harm” claims;

62 Prominent health warnings;

63 Regulation of tobacco products and electronic and other nicotine delivery systems
64 through a user fee imposed on tobacco, electronic and other nicotine delivery systems
65 manufacturers;

66 Evidence-informed federal efforts to reduce the addictiveness of tobacco, electronic and
67 other nicotine delivery systems products;

68 Preservation of state authority to regulate the sale,distribution, possession or exposure
69 to tobacoo and electronic and other nicotine delivery systems products including
70 restrictionson the time, place and manner of tobacco product advertising; and

71 Preservation of state-based civil claims and enforcement authority.

72

73 NCSL opposes unnecessary federal preemption that limits state authority to protect
74 public health and enforce tobacco and electronic and other nicotine delivery systems
75 taxes and youth-access laws.

1 **COMMITTEE: HEALTH**

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**POLICY:** **SUPPORT FOR SENIORS AND PEOPLE WITH DISABILITIES**

**TYPE:** **DIRECTIVE**

NCSL supports a comprehensive approach to deliver long-term services and supports for older adults, people with disabilities and other individuals and families who reoly on long-term care services.. A strong system can help states improve access to appropriate services, support independence and autonomy, strengthen caregiving and workforce capacity and better manage pressures on state and federal health care budgets..

**Core Principles**

NCSL supports:

- federal resources and technical assistance to help states develop innovative programs to improve long-term services and supports;
- state flexibility and autonomy in setting eligibility criteria, consistent with federal requirements;
- policy approaches that improve federal-state coordination of services for individuals eligible for both Medicare and Medicaid;
- federal resources and policy approaches to help states expand the size ad capacity of the long-term care workforce.
- Federal support of state discretion to select validated or otherwise evidence-based standardized assessment tools for people who reoly on long-term care services that help states identify the services and setting most appropriate to meet long-term care needs.
- .

**Increasing Options for Home and Community-Based Care**

**NCSL supports:**

- the development of more home and community-based options under Medicaid;

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31 - Federal policies that help states coordinate, streamline and integrate intellectual
32 and developmental disability supports across systems of care, including medical,
33 disability, behavioral health and aging services as people with intellectual and
34 developmental disabilities grow older and their needs change.
35 -
36

37 **Financing and Insurance**

38 NCSL supports strong federal action to protect consumers of long-term care insurance
39 from predatory pricing or inadequate benefit plans. NCSL also supports efforts to
40 develop long-term care insurance and other financing options as viable compliments to
41 Medicaid coverage of long-term care services, while maintaining Medicaid's core role in
42 financing care. urges the Administration and Congress to speed the development of
43 long-term care insurance as a viable alternative or complement to Medicaid support for
44 long-term care services.While the states will continue to take primary responsibility for
45 the regulation of long-term care insurance, NCSL supports the development and
46 evaluation of programs and initiatives that would:

47 - Expand option for private long-term care insurance, flexible life insurance
48 products and home-equity sharing programs, such as reverse annuity
49 mortgages;
50 - Provide Incentives for individuals to establish health savings accounts and other
51 innovative financing options to pay for a broad range of supportive services;
52 - provide preferential tax treatment for individuals who purchase qualified long-
53 term care insurance;
54 - provide tax incentives for private employers and a Medicaid bonus program for
55 state and local government employers to encourage them to offer long-term care
56 insurance as an employee benefit;
57 - provide incentives to employers to offer long-term care insurance, as a condition
58 of receiving federal benefits, such as business tax credits;
59

60 **Alzheimer's Disease and Other Dementia Related Disorders**

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61 NCSL supports:

62 - continued federal efforts thatlead to the development of new drug treatments;
63 - continued federal efforts to improve early detection and diagnosis of Alzheimer's
64 disease and related dementias;
65 - continued federal efforts toassist in disease management, including providing
66 states with resources and options to deliver long-term services and supports in a
67 manner that preserves the independence and autonomy of individuals with
68 dementia-related disorders to the greatest extent possible

69

70 **Caregiver Supports**

71 NCSL supports:

72 - efforts to assist formal and informal caregivers, including family members,
73 through tax incentives and programs that provide support services such as
74 respite care.
75 - continued federal efforts to support unpaid caregivers of people with Alzheimer's
76 disease and related dementias, with a particular focus on dementia-specific
77 respite care and other targeted resources.

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1 **COMMITTEE: HEALTH**

2 **POLICY: ARTIFICIAL INTELLIGENCE IN HEALTH CARE**

3 **TYPE: RESOLUTION**

4 **WHEREAS,** the integration of Artificial Intelligence (AI) in health care presents
5 significant opportunities to enhance patient care, improve health outcomes and increase
6 operational efficiencies;
7
8 **WHEREAS,** states are at the forefront of developing and implementing AI policies
9 tailored to their unique health care needs and challenges;
10
11 **WHEREAS,** robust data privacy and security measures must be enforced to protect
12 patient information used in AI systems, in compliance with existing federal and state
13 regulations;
14
15 **WHEREAS,** AI technologies must undergo validation appropriate to the level of risk they
16 present, with healthcare applications-subject to rigorous, ongoing evaluation to assess
17 and verify their performance, reliability, fairness and safety prior to deployment;
18
19 **WHEREAS,** in light of state legislative and regulatory activity in this area, federal
20 preemption of state AI laws and regulations could interfere with state efforts to create
21 solutions that meet the unique needs of their residents and businesses.
22
23 **NOW, THEREFORE, BE IT RESOLVED**, that the National Conference of State
24 Legislatures urges the federal government to:
25 - Collaborate with states to develop guidelines for the reasonable, trustworthy, and
26 human-centered use of AI, including transparency in AI decision-making
27 processes, accountability mechanisms for AI developers, deployers and users,
28 robust privacy protection of health information, and uses that enhance rather
29 than replace the patient/provider relationship;

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30 • Incorporate insights and best practices from state-level initiatives in establishing
31 any federal framework for the regulation of AI in health care;
32 • Work with states, standards development organization and federal partners to
33 advance standardized protocols for data sharing and interoperability, ensuring
34 that AI systems can securely and efficiently access and utilize health data across
35 state lines;
36 • Support initiatives such as model cards and nutrition labels and/or other formats
37 that convey source attribute information to ensure consistent and standard
38 transparency of AI developers;
39 • Work with states to adopt plain language descriptions of the logic and rationale
40 for AI applications (including attributes defining the intended use and
41 inappropriate use of the model, the testing data sets used for developing the
42 model, and the results of feasibility and real-world testing) used by AI/Machine
43 Learning so the functionality, risk, potential bias, and signs of model drift are
44 easily understood by end users.
45 • Provide regulatory support for initiatives that ensure developers have safe
46 access to diverse data sets and initiatives that allow models to be trained and
47 tested on robust data appropriate to the populations for whom the models will be
48 used;
49 • Collaborate with states to support the development of a diverse and skilled AI
50 workforce in health care;
51 • Partner with states on financial investments in education and training programs
52 to equip health care professionals with the skills needed recognize the risks and
53 limitations of AI;
54 • Work with states and standards development organizations to develop federal
55 standards for AI performance monitoring and evaluation to keep AI system
56 reliable, fair and safe over time. This should include, local, recurrent validation
57 (process of ongoing technical checks and improvements after deployment) and
58 post-market surveillance (monitoring real-world impact and user safety) of AI
59 systems.

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60 - Consult with states as they debate and develop AI legislation and regulations,
61 paying particular attention to how any federal law or regulation will impact state
62 laws governing AI. Federal laws and regulations in the AI space should establish
63 a strong national policy floor, set a consistent and aligned baseline of rights,
64 safety and accountability while preserving states' ability to adopt additional
65 protections in their own laws as needed; and
66 - Ensure that federal AI legislation and regulation does not usurp states' ability to
67 legislate and regulate in areas that traditionally rest under the oversight of states
68 and local governments; and
69
70 **BE IT FINALLY RESOLVED** that a copy of this resolution be sent to the President of
71 the United States, all members of Congress, and all relevant federal and state officials.

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1 **COMMITTEE: HEALTH**

2 **POLICY: OPTION FOR STATES TO EXPAND USE OF**
3 **CONTRACTORS TO ADMINISTER MEDICAID**

4 **TYPE: RESOLUTION**

5 **WHEREAS,** a federal-state partnership governs the Medicaid program under Title XIX
6 of the Social Security Act, in which the federal government provides a policy framework,
7 states and counties oversee ongoing operations and administration, and all partners
8 share funding responsibilities
9
10 **WHEREAS,** Medicaid provides critical health services that help low-income individuals,
11 mothers with dependent children as well as individuals who are aged, blind or with
12 disabilities
13
14 **WHEREAS,** H.R. 1 requires most states and counties to administer Medicaid
15 community engagement programs by January 1, 2027, and perform more frequent
16 Medicaid eligibility redeterminations beginning in January 2027
17
18 **WHEREAS,** contractors play critical roles in most states in supporting and operating the
19 Medicaid program, including assisting Medicaid beneficiaries in choosing managed care
20 plans, customer service contact centers, document management, and development and
21 management of information technology but are barred from eligibility determinations and
22 redeterminations and performing fair hearings
23
24 **WHEREAS,** states have to address the need to balance permanent government staffing
25 with demands that may surge up and down over time, such that contractors could be
26 used to manage those surges
27
28 **THEREFORE, LET IT BE RESOLVED** that the National Conference of State
29 Legislatures urges that:

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30 Congress adopt bipartisan legislation, such as the bipartisan Buddy Carter (R-GA) -
31 Don Davis (D-NC), H.R. 6254, to modernize the Medicaid program to allow a greater
32 role for contractors, at state option
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 Health and Human Services, the
36 Administrator of the Centers for Medicaid and Medicaid Services, and the Chairs and
37 Ranking Members of the U.S. Senate Committee on Finance and the U.S. House
38 Committee on Energy and Commerce, the public welfare requiring it.

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1 **COMMITTEE:** **HEALTH**

2 **POLICY:** **IMPORTANCE OF FEDERAL ACTION TO**
3 **ENCOURAGE FAMILIAL AWARENESS OF TYPE**
4 **1 DIABETES AND APPROPRIATE**
5 **AUTOANTIBODY SCREENING OPTIONS TO**
6 **DETECT RISK FOR DEVELOPING THE DISEASE**

7 **TYPE:** **RESOLUTION**

8 **WHEREAS,** type 1 diabetes is an autoimmune chronic medical condition affecting
9 millions of individuals worldwide.
10
11 **WHEREAS,** a type 1 diabetes diagnosis obligates a child or adult diagnosed with the
12 condition to take insulin, utilize a variety of technologies, and see a team of doctors
13 throughout a patient's lifetime at a measurable cost to manage the disease.
14
15 **WHEREAS,** type 1 diabetes is now recognized as developing over three stages (e.g.,
16 stage 1, stage 2, and stage 3) with a diagnosis of each stage potentially allowing for
17 early interventions to alter the course of this autoimmune disease.
18
19 **WHEREAS,** the onset and diagnosis of type 1 diabetes are now somewhat predictable
20 thanks to autoantibody screening tools, especially for those with a close relative living
21 with type 1 diabetes, permitting patients to avoid or forestall a condition known as
22 diabetic ketoacidosis or DKA.
23
24 **WHEREAS,** people at risk for type 1 diabetes are often unaware of the risk factors
25 associated with developing the condition.
26
27 **WHEREAS,** the majority of those diagnosed with type 1 diabetes have no otherwise
28 identifiable family history with the autoimmune disease with certain common viruses
29 amplifying a person's risk.
30

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**WHEREAS,** in youth, regardless of any socio-economic consideration, type 1 diabetes is more prevalent than type 2 diabetes.

**WHEREAS,** poor glycemic control, elevated lipids, and other risk factors may put Hispanic and African American youth at risk for future diabetes-related complications like heart attacks, strokes, kidney failure, and vision loss.

**WHEREAS,** a diagnosis of COVID-19 increases a child's and an adult's risk of developing type 1 diabetes later in life.

**WHEREAS,** rates of type 1 diabetes increased 17% among US youth after the COVID-19 pandemic began especially in Hispanic and African American children.

**WHEREAS,** type 1 diabetes is increasing consequentially in each state across the USA.

**WHEREAS,** it is essential to promote awareness of type 1 diabetes and its impact on public health.

**WHEREAS,** the dedicated efforts of healthcare professionals, advocacy groups, and individuals living with type 1 diabetes play a significant role in addressing this global health concern. Whereas consistent with established medical guidance, screening for type 1 diabetes autoantibodies should occur in newly diagnosed adults with type 2 or gestational diabetes to rule out a type 1 diabetes diagnosis given the number of American adults diagnosed with type 1 diabetes in their 20s, 30s, and 40s.

**WHEREAS,** since 2024 nearly twenty states, including Arkansas, Florida, New Hampshire, Louisiana, Delaware and Tennessee took legislative, regulatory, or executive action to provide autoantibody screening resources to families to learn more about their risk of experiencing a type 1 diabetes diagnosis.

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61 **WHEREAS,** the 118th and 119th session of the United States Congress considered
62 bicameral and bipartisan legislation to increase resources available federally and to
63 states to increase familial awareness of the opportunity to screen for type 1 diabetes
64 before discernable symptoms are present.
65
66 **NOW THEREFORE, BE IT RESOLVED** that the National Conference of State
67 Legislatures recognizes the opportunity to help families understand the risk of type 1
68 diabetes via autoantibody screenings.
69
70 **NOW THEREFORE, BE IT RESOLVED** that the NCSL encourages the US Senate and
71 House of Representatives to enact S. 4612 and H.R. 9000 from the 119th Congress
72 while also including recommended funding for state education efforts around type 1
73 diabetes education awareness to implement 2024's and 2025's Labor HHS
74 appropriations vehicles. These appropriations vehicles conclude Congress... "supports
75 efforts to increase type 1 diabetes screenings at community health centers particularly
76 among high-risk populations, especially given the advance in treatments that now can
77 delay onset of the disease for several years if caught early enough."

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