

NACCHO's 2015 Federal Legislative and Policy Agenda



The Federal Legislative and Policy Agenda guides NACCHO's work as the national voice for local health departments, especially in its interactions with federal agencies and Congress. The agenda features NACCHO's priority issues and is informed by member input and approved annually by the Board of Directors.

NACCHO's mission is to be a leader, partner, catalyst, and voice with local health departments. NACCHO's Federal Legislative and Policy Agenda recognizes that policy decisions both within and outside the traditional health sphere impact health status. NACCHO urges policymakers at the local, state, and federal levels to adequately fund core public health services and safety net health and human services programs that can ensure a healthy and safe population, including healthy food, housing, environment, and access to healthcare and employment.

I. Issues for Priority Focus

- A. Support for local health department involvement in implementation of the Affordable Care Act (ACA), including maintenance of core public health programs authorized and funded by the ACA and clinical and community preventive services supported by the ACA
- B. Continuation at authorized levels of the Prevention and Public Health Fund including Childhood Lead Poisoning Prevention, Epidemiology and Lab Capacity (ELC) Grants, Section 317 Immunization Program, Diabetes and Heart Disease Prevention, and Preventive Health and Health Services Block Grant
- C. A balanced approach to deficit reduction, including spending cuts and revenue, and an end to sequestration
- D. Infrastructure and policies that support local health department capacity (workforce and technology) to participate in health data exchange with healthcare and human service providers
- E. Implementation of Pandemic and All-Hazards Preparedness Reauthorization Act
- F. FY2015 and FY2016 budget and appropriations for programs within the Centers for Disease Control and Prevention (CDC), Food and Drug Administration, Health Resources and Services Administration, and Office of the Assistant Secretary for Preparedness and Response that strengthen local health department performance, including the following:
 1. Capacity building
 - a. Funding to allow local health departments to meet accreditation requirements, build systems capacity for billing and reimbursement of health services, and support foundational capabilities
 - b. ELC Grants
 2. Chronic disease prevention
 3. Delivery of clinical and community prevention services
 4. Local health department workforce continuing education and training
 5. Public health emergency preparedness
 6. Surveillance and investigation of foodborne illness

II. Issues to Address in Coalition

- A. CDC's total budget
- B. FY2015 and FY2016 budget and appropriations for programs with impact on local health departments or public health activities, including the following:
 - 1. CDC environmental health activities
 - 2. CDC infectious disease prevention funding
 - 3. Funding and effective implementation of the FDA Food Safety Modernization Act to increase the safety and security of the food supply, reduce the incidence of foodborne illness, and make imported foods safer.
 - 4. Injury and violence prevention
 - 5. Maternal and Child Health Block Grant
 - 6. Maternal, Infant and Early Childhood Home Visiting Program
 - 7. Preventive Health and Health Services Block Grant
 - 8. Section 317 Immunization Program
 - 9. Sexual/reproductive health including Title X family planning funding
 - 10. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- C. Climate change adaptation and mitigation
- D. Continuation of primary care funding streams authorized in the ACA (Children's Health Insurance Program, Community Health Centers, Maternal, Infant and Early Childhood Home Visiting Program, National Health Service Corps)
- E. Defense of Clean Air Act
- F. Healthy, Hunger-Free Kids Act (child nutrition) reauthorization that supports access to healthy food and accessibility of locally grown food for urban and rural areas
 - 1. Adequate funding for the Supplemental Nutrition Assistance Program
- G. Support for Medicaid including expansion as enacted in the ACA
- H. Implementation and reauthorization of Moving Ahead for Progress in the 21st Century (MAP-21) supporting active living/public transit
- I. Prescription drug overdose prevention and increased access to medication-assisted therapy
- J. Reauthorization of newborn screening legislation
- K. Reauthorization of Ryan White CARE Act
- L. Tobacco control and prevention and regulation of tobacco products (including e-cigarettes)
- M. Reauthorization of Toxic Substances Control Act supporting recognition of local health department role in protecting the public from hazardous chemicals

III. Issues to Address with a Long-Term Perspective

- A. Improving relationships with community health centers and addressing barriers to local health department participation in Federally Qualified Health Center funding and activities
- B. Fostering collaboration between and integration of public health and healthcare providers through models that address population health
- C. Supporting local health departments to provide clinical services to the uninsured
- D. Identifying approaches in all NACCHO's advocacy activities that will contribute to the elimination of health inequities and ensuring that such approaches are framed and addressed explicitly. Examples of specific policy recommendations include the following:
 - 1. Supporting policies and programs to reduce poverty such as Transitional Jobs programs, expanding the Earned Income Tax Credit, and increasing minimum wage to a livable wage
 - 2. Supporting policies and programs to improve educational attainment such as expansion of Head Start and maintenance of child care subsidy
 - 3. Supporting policies and programs to improve access to safe, affordable housing
- D. Achieving greater local health department consensus in state public health enterprise decision-making concerning the use of federal funds to support both state and local public health activities, similar to the requirement in the Public Health Emergency Preparedness grant program