

2012 Federal Priority Issues

Adopted by the
Legislative
Committee on
11/16/11

Issue	Policy and Legislative Positions
A. Public Health Infrastructure	A1. Support federal funding that provides a stable base for the public health infrastructure, including the Prevention and Public Health Fund and the Preventive Health and Health Services Block Grant.
B. Health Care Reform	B1. Support proposals that have the goal of providing access to health care coverage for all Minnesotans with a priority of providing coverage for infants and children. B2. Support policies and incentives for individuals to utilize preventive health services and other community resources rather than waiting to use urgent or emergency care. B3. Support policies and proposals that reduce health care administrative costs by streamlining of health care program/payers administrative requirements and adopting uniform benefit sets. B4. Tax-exempt hospitals must conduct a Community Health Needs Assessment (CHNA) every three years and adopt an implementation strategy for their findings. Support policies that would require hospitals to partner with local public health departments in developing their CHNA and implementation strategies. B5. Support data collection and analysis to better understand health disparities. B6. Encourage policies that expand the availability of quality long term care insurance and other strategies that promote planning for future health care needs.
C. Maternal and Child Health	C1. Support federal legislation that guarantees direct funding to local public health departments through existing infrastructure and funding mechanisms to expand or enhance their home visiting programs that include public health nurse assessments and are evidence-based. C2. Maintain funding levels and remove barriers for Women, Infants and Children (WIC) program applications. Support the continuation of adjunctive eligibility and oppose efforts that would weaken or eliminate it. C3. Improve the interoperability of the WIC data system.

	D. Public Health Preparedness	<p>D1. Support ongoing funding for local public health emergency planning and response activities, including ongoing training and equipment purchase.</p> <p>D2. Seek adequate, permanent, flexible funding to maintain a public health workforce and infrastructure that is able to respond to public health emergencies.</p> <p>D3. Align grant expectations with the level of funding.</p>
	E. Public Health Information Systems	<p>E1. Provide funding for the development and implementation of an electronic, interconnected system for the collection and exchange of health data.</p>
	F. Chronic Disease Prevention and Promotion of Healthy Lifestyle Behaviors	<p>F1. Local public health departments need a long-term commitment of adequate funds to enact policy and environmental change that results in health improvement and health care cost savings.</p> <p>F2. Support policies that encourage healthier community design, including safe environments that promote active living.</p> <p>F3. Support federal efforts to enact policies related to away from home foods that contribute to a healthier diet, such as menu labeling, sodium reduction and trans fat reduction.</p> <p>F4. Support policies and programs to ensure access by all people to enough nutritious, affordable, safe and culturally-diverse food for an active healthy life.</p> <p>F5. Require that all federal and state subsidized programs that serve food use nutrition standards based on the Dietary Guidelines for Americans. This would include schools, day care facilities and tax supported residential settings.</p> <p>F6. Require schools, daycare settings, and tax-supported residential settings to provide access to physical activity that meets federal guidelines.</p> <p>F7. Support policies that protect children from exposure to secondhand smoke.</p> <p>F8. Placeholder: federal farm bill issues (will be updated after State of the Plate conference.)</p>

	<p>G. Communicable Disease Protection</p>	<p>G1. Support laws and policies that are based on the science of prevention and control of communicable diseases and oppose laws that are not.</p> <p>G2. Increase funding reimbursement to local public health departments for the investigation, control and treatment of communicable disease, particularly tuberculosis (latent and active).</p> <p>G3. Oppose efforts that require local public health officials to report undocumented persons to the state or federal government.</p>
	<p>H. Environmental Health</p>	<p>H1. Support ongoing funding for the Healthy Homes Program, the only source of funding in Minnesota for lead poisoning monitoring, education and outreach. In addition this program funds work on other housing-based hazards including fire hazards, pest infestations, carbon monoxide, radon, and other hazards.</p> <p>H2. Support ongoing funding for climate change planning work, including data collection at the state level, risk identification and state and local planning activities.</p> <p>H3. Support funding for biomonitoring efforts.</p>