

# Why Counties Matter

V. - A.

With America's system of **FEDERALISM**, counties are a **KEY LEVEL** of government, **DIRECTLY** serving the people.

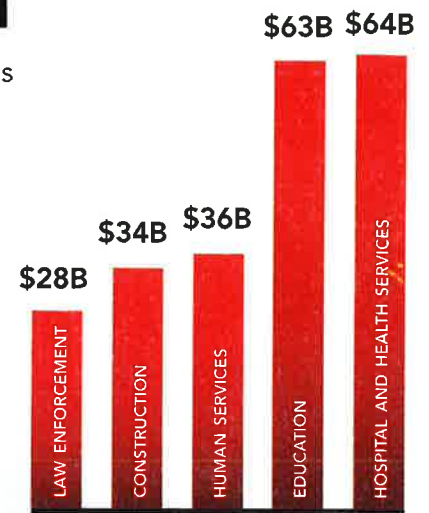


As governments created by states, counties provide **ESSENTIAL PUBLIC SERVICES** including many mandated by **FEDERAL** and **STATE** laws and regulations.

## Expenditures

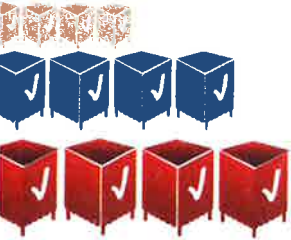
Total expenditures for counties in 2007

**\$472 BILLION**



## Elections

Counties fund and oversee more than **112,000** polling places and coordinate **700,000** poll workers **EVERY TWO YEARS**



There are more than **18,000** **ELECTED COUNTY OFFICIALS**



Counties employ more than

**3.2 MILLION**

Americans delivering a variety of services

- Healthcare
- Transportation
- Public Safety and Jails
- Courts
- Mental Health Services
- Build Local Economies
- Restaurant Inspections
- Community Colleges
- Recycling
- Solid Waste Management
- 911 Emergency Systems
- Parks and Recreation
- Elections
- Record Keeping



## Preventive Health

Counties provide flu shots and other preventive health services through

**1,947**

**HEALTH DEPARTMENTS**



Counties own **75%**



of publicly owned **NURSING HOMES**

Counties own

**964** hospitals and spent **\$68.3 BILLION**

on healthcare services in 2007

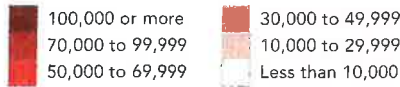


The United States Has **3,069** County Governments

County Population Range

**9,787,747,000**

**Population**



**62**

Loving Co. Texas      Los Angeles Co. California

500 Miles

**Infrastructure**

Counties invested

**\$60 BILLION**

on infrastructure in 2007

(highways, roads, bridges, utilities, water, and sewer)



Counties spent

**\$34 BILLION**

on construction of county facilities

**Law Enforcement**

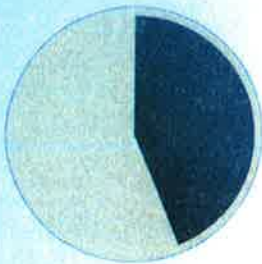


**3,105**  
county sheriff and  
police departments  
nationwide

**11.8M**  
Persons admitted  
to county jails  
in 2011

**Transportation**

Counties own and maintain

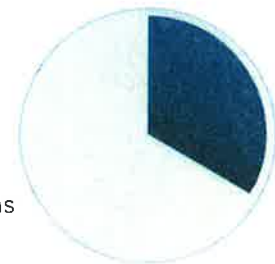


**44%**  
of America's  
Roadways,

**228,026**  
of America's Bridges,

and almost

**1/3**  
of America's  
Transit Systems  
and Airports



# POLICY BRIEF

# 20

## PROTECT THE FEDERAL-STATE-LOCAL PARTNERSHIP FOR MEDICAID

**ACTION NEEDED:** Urge your Senators and Representatives to support the federal-state-local partnership structure for financing and delivering Medicaid services and to oppose any measure that would further shift federal and state Medicaid costs to counties including cuts, caps, block grants and new limits on counties' ability to raise the non-federal match or receive supplemental payments. This will enable counties to continue to maintain their local health care safety-net systems with a balanced mix of federal, state and local resources, while adjusting to a rapidly changing health care environment.

**BACKGROUND:** Authorized under Title XIX of the Social Security Act, Medicaid is a means-tested entitlement program administered by the states which provides health and long-term care insurance to about 56 million low-income children, families, seniors and persons with disabilities at a total cost of over \$427 billion. Medicaid is financed by both the federal and state governments based on the federal medical assistance percentage (FMAP), which is individually calculated for each state.

Counties are required to provide health care for low income, uninsured or underinsured residents in 32 states. There are 964 county hospitals and 647 county nursing homes serving Medicaid beneficiaries in communities nationwide. Additionally, counties put up part of the non-federal match for Medicaid in 22 states. Deficit reduction measures that reduce the federal financial contribution to Medicaid puts counties at risk for absorbing shifted costs by raising local taxes or cutting other local budget line items since counties are often required by state law to provide health care services for vulnerable populations.

Under the Affordable Care Act (ACA), states will have the option to expand Medicaid coverage for all non-elderly adults with incomes below 133 percent of the federal poverty level beginning in 2014. The ACA offers 100 percent federal funding to cover the expansion population for 2014 through 2016, ramping down to 90 percent in 2020 and the years thereafter. Medicaid expansion will reduce counties' costs for providing often mandatory care to low income, uninsured or underinsured residents.

### KEY TALKING POINTS:

- **Medicaid is already a lean program.** Medicaid's average cost per beneficiary is significantly lower than private insurance, even with its comprehensive benefits and lower cost-sharing. Counties have made the most of Medicaid's flexibility by leveraging local funds to construct systems of care for populations that private insurance does not cover. New limits on counties' ability to receive supplemental payments or raise the non-federal match

### QUICK FACTS

- In 32 states, counties are required to provide health care for low income, uninsured or underinsured residents
- In 22 states, counties are required to contribute to the non-federal share of Medicaid
- Counties spend \$68 billion annually on health care services
- Counties run 964 hospitals nationwide
- Counties run 647 nursing homes – 75 percent of publicly owned facilities

through certified public expenditures (CPEs) and intergovernmental transfers (IGTs) would severely compromise the local health care safety-net.

- **A Medicaid block grant would not reform Medicaid – it would merely cut federal spending by shifting expenses to state and county taxpayers.** According to the Congressional Budget Office, the House FY2013 budget resolution block grant would have cut \$770 billion over ten years and would have caused states either to increase health care spending to make up for the federal cut or to reduce access to care for beneficiaries. Either option would shift costs to county taxpayers and reduce county capacity to provide health care services – including those mandated by state laws.
- **Imposing spending caps on Medicaid will not address the underlying drivers of the program’s costs.** Caps do not account for long-term trends like the aging population and rising health care costs that are projected to drive higher federal entitlement spending in the coming years. Complying with a cap designed to reduce the deficit significantly would require significant cuts to the federal contribution, making states, and ultimately counties, absorb the cost shift.

### COMMITTEES OF JURISDICTION

House Energy and Commerce Committee	U.S. Senate Finance Committee
<p><b>Majority:</b>  <b>Fred Upton (R-MI), Chairman*</b>            Ralph Hall (R-TX)*            Joe Barton (R-TX), Chairman Emeritus*            Ed Whitfield (R-KY)*            John Shimkus (R-IL)*            Joseph R. Pitts (R-PA)*            Greg Walden (R-OR)            Lee Terry (R-NE)            Mike Rogers (R-MI)*            Tim Murphy (R-PA)*            Michael C. Burgess (R-TX)*            Marsha Blackburn (R-TN), Vice Chairman*            Phil Gingrey (R-GA)*            Steve Scalise (R-LA)</p>	<p><b>Majority:</b>  <b>Max Baucus (D-MT), Chairman</b>            John D. Rockefeller (D-WV)*            Ron Wyden (D-OR)*            Charles E. Schumer (D-NY)            Debbie Stabenow (D-MI)*            Maria Cantwell (D-WA)*            Bill Nelson (D-FL)*            Robert Menendez (D-NJ)*            Thomas R. Carper (D-DE)*            Benjamin Cardin (D-MD)*            Sherrod Brown (D-OH)            Michael F. Bennet (D-CO)            Bob Casey (D-PA)*</p>
<p><b>Minority:</b>  <b>Henry Waxman (D-CA), Ranking Member*</b>            John D. Dingell (D-MI)*            Edward J. Markey (D-MA)            Frank Pallone Jr. (D-NJ)*            Bobby L. Rush (D-IL)            Anna G. Eshoo (D-CA)            Eliot L. Engel (D-NY)*            Gene Green (D-TX)*            Diana DeGette (D-CO)            Lois Capps (CD-A)*            Michael F. Doyle (D-PA)</p> <p><i>*Member of Health Subcommittee</i></p>	<p><b>Minority:</b>  <b>Orrin G. Hatch (R-UT), Ranking Member*</b>            Chuck Grassley (R-IA)*            Mike Crapo (R-ID)            Pat Roberts (R-KS)*            Michael B. Enzi (R-WY)*            John Cornyn (R-TX)*            John Thune (R-SD)            Richard Burr (R-NC)*            Johnny Isakson (R-GA)            Rob Portman (R-OH)            Patrick J. Toomey (R-PA)*</p> <p><i>*Members of Health-Care Subcommittee</i></p>

For further information, contact: Paul Beddoe at 202.942.4234 or pbeddoe@naco.org

# POLICY BRIEF

# 20

## FUND THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

**ACTION NEEDED:** Urge your Senators and Representatives to maintain funding for the U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) in the FY2013 and FY2014 Labor-HHS-Education appropriations bill at least at FY2012 levels, especially the Community Mental Health Services (CMHS), and Substance Abuse Prevention and Treatment (SAPT) block grants.

**BACKGROUND:** SAMHSA was established in 1992 and directed by Congress to target substance abuse and mental health services to the people most in need and to translate research in these areas into the general health care system. To accomplish its work SAMHSA administers a combination of competitive, formula and block grant programs and data collection activities, including the CMHS and SAPT block grants, which states use to fund direct services through the 750 county behavioral health authorities nationwide and through other community providers. Behavioral health services improve population health status, and reduce health care and justice system costs to counties.

**KEY TALKING POINTS:**

- Congress should fund the Community and Mental Health Services Block Grant at \$459.7 million in the FY2014 Labor-HHS-Education appropriations bill. The CMHS Block Grant is the principal federal discretionary program supporting community-based mental health services for adults and children. Counties may use block grant dollars to provide a range of services for adults with serious mental illnesses and children with serious emotional disturbances, including employment and housing assistance, case management (including Assertive Community Treatment), school-based support services, family and parenting education, and peer support. The CMHS Block Grant received \$459.7 million in FY2012.
- Congress should fund the Substance Abuse Prevention and Treatment Block Grant at \$1.8 billion in the FY2014 Labor-HHS-Education appropriations bill. County behavioral health authorities use the SAPT Block Grant to serve vulnerable, low-income populations—those with HIV/AIDS, pregnant and parenting women, youth and others—by ensuring access to substance abuse services. An independent 2009 study of the SAPT Block Grant found the program to produce positive outcomes,

### QUICK FACTS

- There are more than 750 county behavioral health and developmental disability authorities nationwide
- Counties plan, operate and finance community-based services for persons with mental illness, substance abuse disorders and developmental disabilities

including increased abstinence from alcohol and other drugs, increased employment and decreased criminal justice involvement. The SAPT Block Grant received \$1.8 billion in FY2012.

- Congress should restore the \$21.5 million withheld administratively from the SAPT Block Grant. While Congress appropriated \$1.8 billion for the SAPT Block Grant in FY2012, HHS “tapped” or redirected \$21.5 million (1.25 percent of the total) to reduce the total amount available to \$1.7 billion. NACo opposes this “tap” and requests funding levels for FY2013 and FY2014 that would make the SAPT Block Grant whole.

### COMMITTEES OF JURISDICTION:

U.S. House Appropriations Committee	U.S. Senate Appropriations Committee
<p><b>Majority:</b>  <b>Harold Rogers (R-KY), Chairman</b>            C.W. Bill Young (R-FL)            Frank R. Wolf (R-VA)            Jack Kingston (R-GA)*            Rodney Frelinghuysen (R-NJ)            Tom Latham (R-IA)            Robert B. Aderholt (R-AL)            Kay Granger (R-TX)            Michael Simpson (R-ID)*            John Abney Culberson, (R-TX)            Ander Crenshaw, (R-FL)            John R. Carter (R-TX)            Rodney Alexander (R-LA)*            Ken Calvert (R-CA)            Jo Bonner (R-AL)</p> <p><b>Minority:</b>  <b>Nita Lowey (D-NY), Ranking Member</b>            Marcy Kaptur (D-OH)            Pete Visclosky (D-IN)            José Serrano (D-NY)            Rosa DeLauro (D-CT)*            James Moran (D-VA)            Ed Pastor (D-AZ)            David Price (D-NC)            Lucille Roybal-Allard (D-CA)*            Sam Farr (D-CA)            Chaka Fattah (D-PA)</p>	<p><b>Majority:</b>  <b>Barbara Mikulski (D-MD),            Chairwoman*</b>            Patrick Leahy (D-VT)            Tom Harkin (D-IA)*            Patty Murray (D-WA)*            Dianne Feinstein (D-CA)            Richard Durbin (D-IL)*            Tim Johnson (D-SD)            Mary Landrieu (D-LA)*            Jack Reed (D-RI)*            Frank Lautenberg (D-NJ)            Mark Pryor (D-AR)*            Jon Tester (D-MT)*            Tom Udall (D-NM)            Jeanne Shaheen (D-NH)*            Jeff Merkley (D-OR)*            Mark Begich (D-AK)</p> <p><b>Minority:</b>  <b>Richard Shelby (R-AL), Vice Chairman*</b>            Thad Cochran (R-MS)*            Mitch McConnell (R-KY)            Lamar Alexander (R-TN)*            Susan Collins (R-ME)            Lisa Murkowski (R-AK)            Lindsey Graham (R-SC)*            Mark Kirk (R-IL)*            Dan Coats (R-IN)            Roy Blunt (R-MO)            Jerry Moran (R-KS)*            John Hoeven (R-ND)            Mike Johanns (R-NE)*            John Boozman (R-AR)*</p>
<p>*Member of the Labor-HHS-Ed Subcommittee</p>	<p>*Member of the Labor-HHS-Ed Subcommittee</p>

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# POLICY BRIEF

# 20

## PROTECT THE PREVENTION AND PUBLIC HEALTH FUND

**ACTION NEEDED:** Urge your Senators and Representatives, especially those serving on the U.S. House Energy and Commerce Committee and U.S. Senate Health, Education, Labor and Pensions (HELP) Committee, to defend the Prevention and Public Health Fund (PPHF) against repeal efforts. Urge members of the House and Senate Appropriations Committees to allocate PPHF resources so as to supplement and enhance health promotion and disease and injury prevention efforts at the county level. The PPHF should not be raided to backfill cuts to core operations and programs of the Centers for Disease Control and Prevention (CDC) and other U.S. Department of Health and Human Services agencies.

**BACKGROUND:** The PPHF is a mandatory, dedicated investment of \$12.5 billion over the next 10 years in programs that prevent disease at the community level. Congress designed the PPHF to support the core public health functions of state, county, city and tribal health departments. Core functions include providing immunizations, protecting the food and water supply, conducting surveillance to detect and monitor emerging infectious diseases, preventing disease, and preparing for and responding to disasters, acts of bioterrorism and other health emergencies.

The PPHF is also intended to invest in evidence-based interventions to lower disease rates, improve quality of life, and ultimately help reduce health care costs for millions of Americans at the local level. Poor public health contributes to the high cost of health care and to projected federal deficits, since 75 percent of all health care costs are spent on the treatment of chronic diseases, many of which could have been prevented. Obesity alone is estimated to cost the U.S. \$147 billion per year, while chronic diseases cost an additional \$1 trillion each year in lost productivity. Injuries are the leading cause of death for Americans ages one through 44 and are estimated to cost more than \$117 billion per year.

### QUICK FACTS

The nation's 1,947 county-based public health departments:

- Respond to and track outbreaks of infectious diseases like influenza and foodborne illnesses
- Test for and treat infectious diseases like HIV and tuberculosis
- Conduct programs to keep kids from starting to smoke and help adults quit
- Inspect restaurants and make sure restaurant staff follow safe food-handling practices
- Prepare communities for disease outbreaks, natural disasters, and acts of terrorism, respond if emergencies occur, and lend support throughout the recovery process
- Ensure healthy babies by supporting first-time parents with in-home education programs and breastfeeding promotion
- Mobilize community partners to develop safe places for kids to play outside

## KEY TALKING POINTS:

- **The PPHF is effective at bolstering state and local chronic disease prevention initiatives and should be fully funded.** The PPHF invested \$226 million in FY2012 for Community Transformation Grants (CTGs). CTGs support locally-driven strategies to address the leading causes of chronic disease, such as tobacco use, obesity and poor nutrition. Participating communities – often led by county governments – are building coalitions of businesses, health departments, faith-based organizations and other partners to implement strategies tailored to improve the health of their populations.
- **Supporting the PPHF will ensure that our nation's communities will be served by a professional public health workforce.** Local public health departments have shed 29,000 jobs since January 2009 – 19 percent of the local public health workforce. The PPHF invested \$50 million in FY2012 in CDC training public health professionals to improve access to prevention and health services in underserved communities. Routine placement of CDC fellows in county health departments strengthens their ability to serve on the front lines of public health and respond to emergencies. The PPHF also invested \$33 million in the Public Health and Preventive Medicine program administered by the Health Resources and Services Administration (HRSA), funding 33 centers to strengthen the workforce in local and state health departments to improve the capacity and quality of a broad range of personnel to carry out core public health functions and essential public health services.
- **The PPHF improves core public health functions.** The National Public Health Improvement Initiative (NPHII) invested \$40 million from the PPHF in health departments by providing staff, training, tools and technical/capacity building assistance dedicated to establishing performance management and evidence-based practices that drive improved service delivery and better health outcomes.
- **The PPHF supports cost-effective and life-saving immunizations.** The PPHF provided \$620 million in FY2012 for the CDC Section 317 Immunization program which provides funds for vaccine purchase for at-need populations and immunization program operations, including support for implementing billing systems for immunization services at public health clinics to sustain high levels of vaccine coverage. Immunizations continue to be one of the most cost-effective public health interventions. *According to CDC, childhood vaccines saved 42,000 lives and prevented 20 million cases of disease with an estimated \$10.20 in savings for every \$1 invested.*
- **The PPHF funds early and rapid detection of disease and injury.** The CDC Epidemiology and Lab Capacity (ELC) grant program is a single grant vehicle for multiple programmatic initiatives that strengthen local and state capacity to perform critical epidemiology and laboratory work by detecting, tracking and responding to known infectious disease threats in communities and maintaining core capacity to be the nation's eyes and ears on the ground to detect new threats as they emerge. The ELC grant program was funded at \$104 million in FY2012.

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**COMMITTEES OF JURISDICTION:**

U.S. House Energy and Commerce Committee	U.S. Senate Health Education Labor & Pensions Committee	
<p><b>Majority:</b>  <b>Fred Upton (R-MI), Chairman*</b>                      Ralph Hall (R-TX)*                      Joe Barton (R-TX), Chairman  <i>Emeritus*</i>                      Ed Whitfield (R-KY)*                      John Shimkus (R-IL)*                      Joseph R. Pitts (R-PA)*                      Greg Walden (R-OR)                      Lee Terry (R-NE)                      Mike Rogers (R-MI)*                      Tim Murphy (R-PA)*                      Michael C. Burgess (R-TX)*                      Marsha Blackburn (R-TN) - Vice                      Chairman*                      Phil Gingrey (R-GA)*                      Steve Scalise (R-LA)</p>	<p>Bob Latta (R-OH)                      Cathy McMorris Rodgers (R-WA)                      Gregg Harper (R-MS)                      Leonard Lance (R-NJ)*                      Bill Cassidy (R-LA)*                      Brett Guthrie (R-KY)*                      Pete Olson (R-TX)                      David McKinley (R-WV)                      Cory Gardner (R-CO)                      Mike Pompeo (R-KS)                      Adam Kinzinger (R-IL)                      Morgan Griffith (R-VA)*                      Gus Bilirakis (R-FL)                      Bill Johnson (R-OH)                      Billy Long (R-MO)                      Renee Ellmers (R-NC)*</p>	<p><b>Majority:</b>  <b>Tom Harkin (D-IA), Chairman</b>                      Barbara A. Mikulski (D-MD)*                      Patty Murray (D-WA)                      Bernard Sanders (I-VT)*                      Robert P. Casey, Jr. (D-PA)                      Kay R. Hagan (D-NC)*                      Al Franken (D-MN)                      Michael F. Bennet (D-CO)                      Sheldon Whitehouse (D-RI)*                      Tammy Baldwin (D-WI)*                      Christopher Murphy (D-CT)*                      Elizabeth Warren (D-MA)*</p>
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<p>* Member of Health Subcommittee</p>	<p>* Member of Primary Health and Aging                      Subcommittee</p>	

# POLICY BRIEF

# 20

## EXTEND HEALTH BENEFIT COVERAGE TO PRE-TRIAL JAIL INMATES

**ACTION NEEDED:** Urge your Senators and Representatives to require the U.S. Department of Health and Human Services (HHS) Centers for Medicare and Medicaid Services (CMS) to allow an otherwise eligible person who is in custody, pending disposition of charges, to continue receiving federal health benefits until they are convicted, sentenced and incarcerated. This will enable counties to provide better health care to pretrial inmates at lower cost to local property taxpayers.

**BACKGROUND:** Title XIX of the Social Security Act, which governs the Medicaid program, prohibits Federal Financial Participation (FFP) – the federal match – for services provided to “inmates of a public institution” even if they are eligible for, and enrolled in, Medicaid (Section 1905(a)(A)). States refuse to assume the federal share of providing Medicaid services to eligible persons in county custody, terminating benefits and even eligibility. As a consequence, the entire cost of medical care for all arrested and detained individuals falls to the counties – *note, these individuals have NOT been convicted and are presumed innocent.*

Once an individual’s Medicaid eligibility has been terminated, it may take months to reenroll and for benefits to be restored when they are released back into the community. These coverage gaps result in discontinued care and contribute to recidivism (repeat offenses). Medicare, the Children’s Health Insurance Program (CHIP) and Veterans Administration health benefits are similarly restricted.

Beginning in 2014, the Affordable Care Act (ACA) will require Qualified Health Plans (QHPs) offered on the new Affordable Health Insurance Exchanges to cover qualified individuals who are incarcerated pending disposition of charges. An estimated one-third of the pre-trial jail population may be eligible for subsidized QHP coverage and many more for Medicaid coverage (in states that choose to expand Medicaid under the ACA) based on income and/or disability status in 2014. CMS has so far declined NACO’s request (1) to harmonize the definition of “inmate” for Medicaid purposes with the ACA “incarcerated pending disposition” provision, (2) to clarify that jail officials may submit enrollment applications on behalf of persons in custody, and (3) to require that states stop terminating eligibility for persons in custody pending disposition.

### QUICK FACTS

- Counties spend approximately \$73.6 billion each year on the operation of corrections, legal (courts), firefighting and law enforcement
- There are 13 million jail admissions and releases annually in county jails, involving about 10 million individuals
- 68 percent of jail inmates meet clinical criteria for substance abuse or dependence
- 96 percent of jail inmates do not go to prison, return directly to the community, with their health conditions
- Study shows health care costs drop between 4.4 percent and 7.7 percent after expanding access to substance use treatment to low income population

**KEY TALKING POINTS:** Extending health benefit coverage to those in pre-trial custody enables counties to provide better health care to:

- Increase access to primary care, and behavioral health and substance abuse treatment for justice involved individuals, which has been shown to reduce health care, disability and criminal justice costs
- Provide access to required jail health care at very low cost to states and counties, relieving pressure on local tax payers
- Advance public health and social stability by integrating and coordinating care, and reducing gaps in health care for those in pretrial custody and then released back into communities
- Reduce health disparities by providing health insurance coverage to a population of low-income adults with substantial physical, mental health and substance abuse needs
- Position jails as potential enrollment catchment areas for vulnerable populations, providing an opportunity to break the cycle of recidivism caused or exacerbated by untreated mental illness, substance abuse and other co-occurring disorders

**COMMITTEES OF JURISDICTION:**

<b>House Energy and Commerce Committee</b>		<b>U.S. Senate Finance Committee</b>
<p><b>Majority:</b>  <b>Fred Upton (R-MI), Chairman*</b>                      Ralph Hall (R-TX)*                      Joe Barton (R-TX), Chairman <i>Emeritus*</i>                      Ed Whitfield (R-KY)*                      John Shimkus (R-IL)*                      Joseph R. Pitts (R-PA)*                      Greg Walden (R-OR)                      Lee Terry (R-NE)                      Mike Rogers (R-MI)*                      Tim Murphy (R-PA)*                      Michael C. Burgess (R-TX)*                      Marsha Blackburn (R-TN), Vice Chairman*                      Phil Gingrey (R-GA)*                      Steve Scalise (R-LA)</p>	<p>Bob Latta (R-OH)                      Cathy McMorris Rodgers (R-WA)                      Gregg Harper (R-MS)                      Leonard Lance (R-NJ)*                      Bill Cassidy (R-LA)*                      Brett Guthrie (R-KY)*                      Pete Olson (R-TX)                      David McKinley (R-WV)                      Cory Gardner (R-CO)                      Mike Pompeo (R-KS)                      Adam Kinzinger (R-IL)                      Morgan Griffith (R-VA)*                      Gus Bilirakis (R-FL)*                      Bill Johnson (R-OH)                      Billy Long (R-MO)                      Renee Ellmers (R-NC)*</p>	<p><b>Majority:</b>  <b>Max Baucus (D-MT), Chairman</b>                      John D. Rockefeller (D-WV)*                      Ron Wyden (D-OR)*                      Charles E. Schumer (D-NY)                      Debbie Stabenow (D-MI)*                      Maria Cantwell (D-WA)*                      Bill Nelson (D-FL)*                      Robert Menendez (D-NJ)*                      Thomas R. Carper (D-DE)*                      Benjamin Cardin (D-MD)*                      Sherrod Brown (D-OH)                      Michael F. Bennet (D-CO)                      Bob Casey (D-PA)*</p>
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<p>* <i>Members of Health Subcommittee</i></p>		<p>* <i>Members of Health Care Subcommittee</i></p>

For further information, contact: Paul Beddoe at 202.942.4234 or pbeddoe@naco.org

**2013 NACo LEGISLATIVE CONFERENCE  
ADOPTED RESOLUTIONS**

**HEALTH STEERING COMMITTEE**

**Resolution in Support of a New Funding Stream for  
County/Community-Based Mental Health Programs**

**Issue:** Lack of sufficient federal funding for community-based mental health programs

**Adopted Policy:** NACo supports the continuous and increased use of federal funds to improve early intervention community-based mental health programs, in coordination with local human services and law enforcement, as part of a comprehensive response to gun violence. A one percent increase to the funds collected by the federal government from the manufacturers of firearms and ammunition under the Pittman-Robertson Act should be allocated to the counties/community-based providers upon a formula approved by the Secretary of the Interior and the Secretary of Health and Human Services in order to maintain successful community-based programs at the local level.

**Adopted March 4, 2013**