AMCHP
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS
CASE STUDY

Building Relationships with Legislative Leaders

Legislators at the state level have enormous influence on the programs and policies administered by state maternal and child health (MCH) professionals. Historically, many public health officials have been hesitant to engage with the legislative branch. As the former director of the Centers for Disease Control and Prevention's Washington, D.C. office observed, "mutual suspicion and historically complex working relationships" have led to lost opportunities, and yet "achieving public health goals depends on a sustained, constructive engagement between public health and political systems."[1]

WHY COLLABORATE?

When legislators and state MCH leaders work together optimally, they can enjoy a relationship based on mutual respect and open dialogue about resource needs, opportunities to replicate best practices, strategies to bring programs to scale, and policy approaches to optimize the health and well-being of MCH populations.

OVERVIEW

Sometimes relationships between legislators and state executive branch staff have been clouded by confusion over what is and is not permitted when interacting with elected officials. This paper will briefly review the rules and regulations that govern relationships between state officials and legislators, outline strategies to foster appropriate and effective relationships, and share examples from some states that have forged successful collaborations.

OPPORTUNITIES FOR ACTION—AN OVERVIEW OF STRATEGIES

Learn the Definitions and Rules: Gaining a common understanding of these terms is important:

- What is education?
- What is advocacy?
- What is lobbying?
- What are the differences among the terminology?

[1] Hunter, E. L. (September/October 2016) Politics and public health—Engaging the third rail, *Journal of Public Health Management and Practice, 22*, 5, 436–441.

In short, education is about imparting and receiving evidence-based information. Advocacy takes place when the delivery of information is paired with a call to action. Advocacy becomes lobbying when the call to action is directed to support or oppose a specific piece of legislation.[2] The field of maternal and child health was built on a foundation of advocacy, which is defined as 'one who pleads the cause of another.' The original mission of the U.S. Children's Bureau—the predecessor to today's Maternal and Child Health Bureau—was "to investigate and report on all matters pertaining to the welfare of children and child life among all classes of our people." The Bureau was also required to report to the U.S. Congress.

The recently revised MCH leadership competencies retains a focus on MCH leaders' responsibility to make an impact on policy, noting that:

"It is important for MCH leaders to possess policy skills."

The competencies framework helps translate these skills into action, because "MCH leaders understand the resources necessary to improve health and well-being for children, youth, families, and communities, as well as the need to be able to articulate those needs in the context of policy development and implementation."[3]

Questions arise, however, about what public officials, including MCH leaders, are permitted to do. Using any federal funds to lobby, which is defined as any action to support or oppose pending legislation, at either the state or federal level is strictly prohibited by Congress and the Department of Health and Human Services (HHS). HHS offers a centralized collection of all rules that apply to lobbying by grantees at https://www.hhs. gov/grants/grants/grants-policies-regulations/lobbying-restrictions.html. The key takeaway, again, is that no federal funds may be used to lobby elected or executive branch officials. On the other hand, there is no blanket federal prohibition against lobbying by public employees using non-federal funds.

Note that for state employees, the federal legislative prohibitions on use of federal funds for lobbying do permit communications through a "normal and recognized executive-legislative relationship."[4] This means that HHS grantees at the state level are permitted to work directly on policy-related matters across their equivalent branches of state or local government.[5] Common state-level activities such as working with your agency leadership and governor's office on state budget requests, testifying at the request of your state legislature on MCH issues, and participating in legislative study commissions or panels are acceptable activities.

Although this paper focuses mainly on engagement at the state level, it is noteworthy that rules for engaging with your federal congressional delegation may vary by state. The best approach is to ask what is and is not permissible in your state. Your state agency's designated legislative liaison is probably your best resource for guidance in this topic.

[2] Association of Maternal & Child Health Programs. (2015). *Leading state maternal and child health programs: A guide for senior managers*. Available at http://www.amchp.org/AboutTitleV/Resources/GuideforSeniorManagers/Documents/AMCHPSeniorManagersGuide_Web%20Final%206%2015.pdf, 38.

[3] U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2018). *Maternal and child health leadership competencies. Version 4*. Rockville, Maryland: U.S. Department of Health and Human Services. Available at https://mchb.hrsa.gov/training/leadership-00.asp

[4] Clarification of congressional intent specifies: "No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, **other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local, or tribal government in policymaking and administrative processes within the executive branch of that government**." See 2 CFR § 200.450(c)(2)(ii); 45 CFR § 75.450(c)(2)(ii).

[5] See anti-lobbying restrictions for CDC grantees, https://www.cdc.gov/grants/documents/anti-lobbying_restrictions_for_cdc_grantees_july_2012.pdf. Page 1.

Learn your agency's advocacy culture: Every state health agency has its own culture related to education, advocacy, and lobbying. MCH leaders are encouraged to inquire what their state agency's parameters are—in statute, written policy, and unwritten procedure. Some state leaders assume they are strictly limited to take an action, when they can actually do more than originally assumed. The key is to ask—you may be surprised what is possible.

Engage your legislative liaison: Many states have procedures to seek permission to engage with elected officials, or they have a process to centralize contact through a designated department legislative liaison. This latter process often applies when people need to interact with the media as well. Sometimes legislative liaisons for health departments are based in governors' offices. If this is the case in your state, the MCH leader's role can be to educate these liaisons on the state's priority programs and issues. If you can demonstrate your value as an expert resource, these liaisons are more likely to better represent your programs and ensure you are connected and involved in any legislative questions and actions affecting MCH.

Establish relationships with key leaders: The ability to identify and establish relationships with key decision-makers and their staff with jurisdiction over MCH policy issues is key to becoming an effective advocate. U.S. Congress and state legislatures generally have defined committees that separately handle budget and programmatic issues, as follows:

- The U.S. Congress, the House and Senate Labor, HHS, Department of Education, and related agencies' subcommittees of their respective appropriations committees have jurisdiction over annual appropriations for Title V.
- Jurisdiction for Title V programmatic issues is with the House Energy and Commerce Committee and the Senate Finance Committee.
- Most state legislatures have similar counterparts to these committees. These committees have enormous power to initiate, change, advance, or stop legislation affecting MCH.

MCH leaders should identify the committee members and staff and, where appropriate and permissible, introduce themselves as key administrators and experts on their state's MCH populations and programs. Before meeting with key decision-makers, research their MCH priorities. This knowledge helps you to anticipate their committee's agenda and positions you to demonstrate aspects of your MCH programs that are working well and specific actions that are required to improve outcomes.

Advocate: It's Your Right

https://www.safestates.org/resource/resmgr/policy/SHD_role_in_advocacy_1.21.20.pdf

Author: Safe States

State Health Department Employees, Policy Advocacy, and Political Campaigns: Protections and Limits Under the Law

https://journals.sagepub.com/doi/10.1111/jlme.12219

Authors: Shannon Frattaroli, Keshia M. Pollack, Jessica L. Young, and Jon S. Vernick

Demonstrate your credibility and expertise: One of your goals should be to ensure elected officials know that you have factual data on your programs and evidence-based expertise that can inform the policy-making process. Sharing the summary results of your needs assessments as well as information on emerging issues helps establish your role as a "go-to" expert that officials can turn to early on in any legislative efforts. Other strategies to consider include the following:

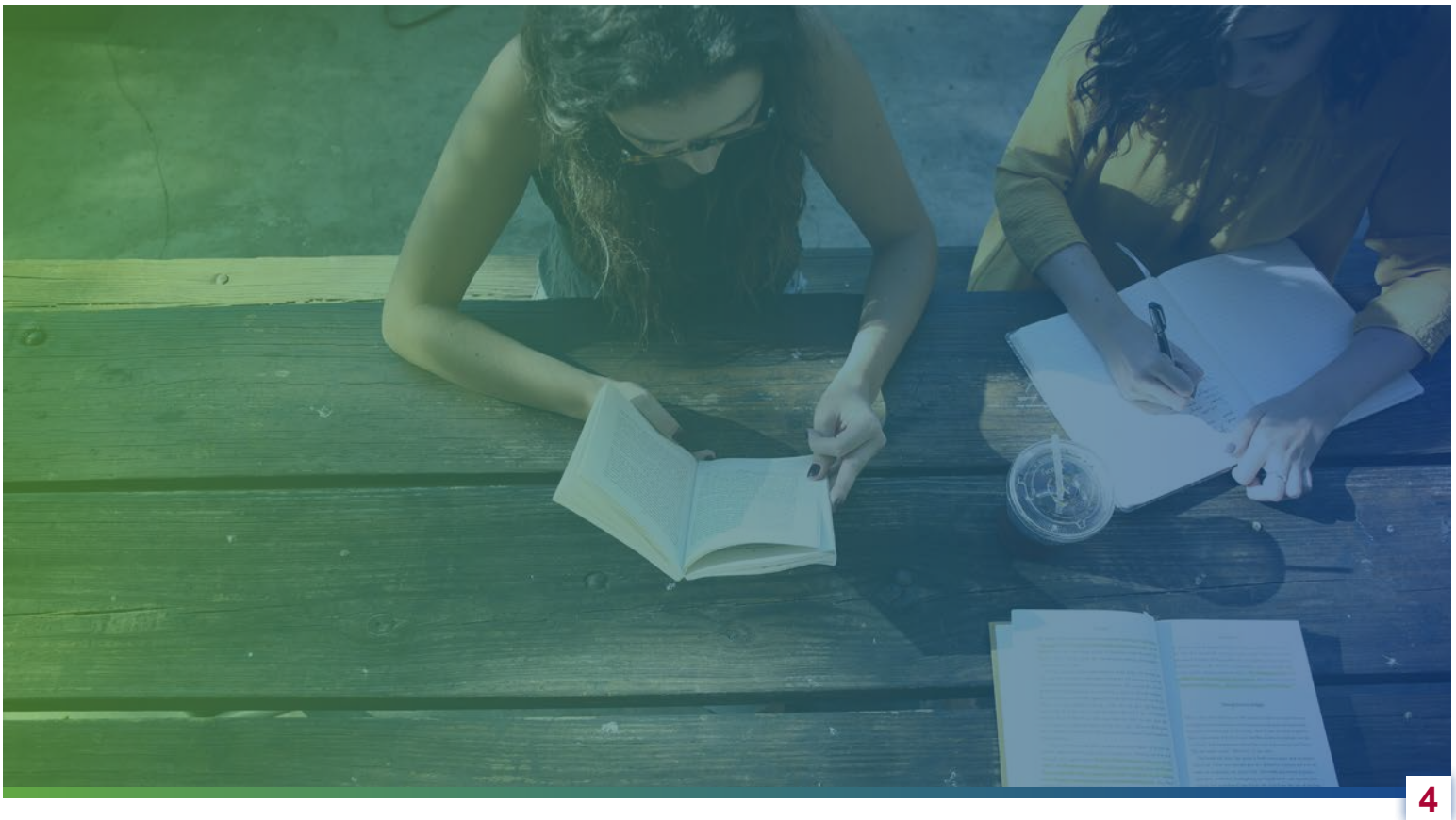
- Share newsletters, fact sheets, and reports regularly with key policymakers
- Conduct informational briefings and conferences for both advocates and policymakers
- Invite policymakers to visit programs or attend agency events
- Convene task forces and advisory committees to review information and develop recommendations.

Each of these activities should be done in consultation with your agency's leadership, your legislative liaison, and, where appropriate, the governor's office.

Consider integrating potential policy changes into a needs assessment and action plan: Before you embark on your next required MCH needs assessment, consider how to utilize data from the scan of your state's MCH policy environment. As you expand your state's action plan on tasks dedicated to each priority, consider engaging senior leaders to help identify one or two potential policy changes related to each priority that would support success.

Engage coalitions: This activity can be especially useful for states that restrict interactions with elected officials. To ensure that your key external stakeholders are aware of the MCH program's perspectives, consider facilitating or participating in MCH-focused coalitions. Recommended action steps include the following:

- Regularly share newsletters, fact sheets, reports, and AMCHP Legislative Alerts with all relevant coalitions in your state. This step will inform coalitions about key changes, emerging priorities, and the timing of important policy decisions. State medical societies and children's hospitals often are the most credible sources of information for policymakers.
- Provide policymakers with the experiences and perspectives of families and consumers. This is critical for translating data into human stories, which illustrate most effectively the impact policy decisions have on MCH populations.



CASE STUDIES: WORKING WITH LEGISLATORS – WASHINGTON STATE CASE STUDY

Lacy Fehrenbach is no stranger to politics, having spent the first part of her public health career in Washington, D.C.-based public health associations. In the past three years at the Washington State Department of Health, she has been able to expand and apply her skills by engaging state legislators on a range of MCH issues in her current role as assistant secretary for the Prevention & Community Health Division. "Helping legislators see value in your work and the benefit to their constituents is essential," Fehrenbach noted.

Like many states, Washington offers several trainings and policy reminders on what is and is not permissible when engaging state legislators on legislative issues. She credits her state's legislative liaison and policy team with informing her team of current activities and coordinating health department input into the legislative process. Fehrenbach is responsible for a range of policy activities from helping develop budget proposals with agency leadership and the governor's office before legislative sessions begin; contributing to policy analysis of introduced legislation affecting MCH; responding to legislator inquiries; and testifying before key committees.

In the most recent legislative session, Fehrenbach testified nine times, of which five times the topic was maternal mortality legislation. She notes that having solid, credible relationships with state legislators has been essential for making a positive contribution to the reauthorization of critical legislation governing the maternal mortality review process in Washington. Fehrenbach, her policy director, and team have helped the state make some important amendments to the original legislation, as follows:

- Key stakeholders are now included the review panel
- Disaggregated data is allowed to be shared with the Centers for Disease Control and Prevention, local public health, and tribes
- Autopsies of maternal deaths and tools for medical examiners have improved.
- The program is permanently authorized to ensure sustainability.

Fehrenbach acknowledged that her department has had only a few substantial challenges in their work on legislative issues, citing again the state's legislative liaison for "directing traffic" and ensuring the right staff are engaged within the department and in the governor's office. MCH populations have benefited most from the department's proactivity, responsiveness, and visibility.

A great challenge is mitigating misinformation and/or misunderstanding of information. Policymakers receive a vast amount of information every day from a variety of sources. Therefore, messaging needs to be clear, consistent, and credible. High quality messaging requires a strong collaboration between MCH subject matter experts and the department's communications and policy teams. Credibility, Fehrenbach says, is essential, and so is showing good stewardship of public resources. Proactively sharing evidence-based information can also mitigate against misguided legislation. Fehrenbach advises leaders to identify their two or three top requests before a window of opportunity arises to shape policy. Recently, she noted, a legislator asked her department for ideas on promoting early childhood improvements—by close of business that day. Fehrenbach's team quickly shared ideas on how to expand existing home visiting programs and strengthen early childhood systems to focus on risk mitigation for adverse childhood experiences. Information sharing builds relationships while providing the opportunity to make tactful and subtle suggestions. The team was prepared for these questions and understood where they fit with the agency and governor's priorities. "Being proactive requires you to be credible," Fehrenbach says. "Know your parameters, and then help [legislators] see the value in your work and how it aligns with their communities' goals and values."

CASE STUDIES: LEGISLATIVE STUDY COMMISSION PROVIDES MCH POLICY OPPORTUNITIES IN NORTH CAROLINA

Belinda Pettiford, head of the Women's Health Branch at the North Carolina Department of Health and Human Services, says that in her state the opportunity to serve on a legislatively created study commission is a gateway to educate state legislators and collaborate on policy solutions to improve maternal and child health. Pettiford co-chairs one of three subcommittees for the state's Child Fatality Task Force, which has 35 members including 10 legislators chosen by leaders of the general assembly. The task force examines the causes of child death and make recommendations to the governor and general assembly on how to reduce child death, prevent abuse and neglect, and support the safety and well-being of children.

The task force's three committees focus on perinatal health, intentional death prevention, and unintentional death prevention. The committees meet once or twice during the months when the legislature is not in session. Each committee is co-chaired by experts in the state and benefits from the support of a full-time executive director who is housed in the Children and Youth Branch of the Division of Public Health.

Pettiford says a significant task force benefit for state legislators is that it allows them to focus on critical MCH issues, when they are typically pulled in so many directions. The task force also provided a great venue to raise awareness of key issues because top experts are eager to share their ideas with a group that is empowered to create evidence-informed policy. The task force also uses a process to allow any individual in the state to suggest agenda items and opt to request policy changes; ask for increased awareness; or request additional financial resources.

The task force has recently considered promoting maternal mortality legislation; raising awareness about the link between paid parental leave and health outcomes; finding ways for more workplaces to accommodate breastfeeding; and tracking how Medicaid transformation might affect child deaths. Pettiford noted that although the group is mandated to focus on children, they are receptive to messages conveying the importance of preconception health and realize that improving women's health is connected to improving children's health.

The only caution Pettiford offers is that when budgets are tight, an issue that gained traction with the task force has been reassigned to the state's Title V MCH Block Grant. In other words, funds needed to be diverted from other existing efforts. Still, Pettiford says that the advantages of having this legislative study committee far outweigh the disadvantages. She encourages colleagues to take any opportunity to educate policymakers, especially those who control budgets. She also alerts others to the need to anticipate unintended consequences or misunderstandings of common MCH practices, such as family planning, and encourages others to preparing for the array of controversial questions in advance of public meetings. Finally, she notes that once relationships have developed, you can build upon connections made on one issue to cultivate champions for other MCH issues. Additional information on the North Carolina Child Fatality Task Force can be found here.

Checklist for Action

☑ Does your state have any laws or regulations governing interaction between elected officials and state employees? What are your state's written policy and unwritten procedures?

☑ Does your state health agency have a designated liaison to centralize communications with the legislative branch?

☑ Does your state have any annual reporting requirements on MCH programs to the state legislature that can be utilized to highlight program successes and ongoing needs?

☑ Can you utilize your upcoming needs assessment process to work with agency leadership to develop one or two potential policy changes for each identified priority?

☑ Determine if your state has a legislative study commission process. If so, can you identify ways to suggest creating an MCH-focused commission?

☑ If your state allows lobbying by state officials, do you have an appropriate non-federal grant source that can be charged for any time spent advocating to be fully in compliance with regulations?

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