

**BEFORE THE BOARD OF HEALTH
SPOKANE REGIONAL HEALTH DISTRICT**

RESOLUTION # 17-09

RE: ADOPTING A BOARD OF HEALTH LEGISLATIVE AGENDA FOR THE 2018 STATE OF WASHINGTON LEGISLATIVE SESSION

WHEREAS, according to its Governance Responsibilities, the Board of Health of Spokane Regional Health District leads and contributes to the development of policies that protect, promote and improve public health and health equity; and

WHEREAS, according to its Governance Responsibilities, the Board of Health of Spokane Regional Health District ensures the availability of adequate resources to perform essential public health services; and

WHEREAS, the Board of Health of Spokane Regional Health District has duly considered and prioritized matters of public policy and budget in the interests of public health and the sustainability of the activities of Spokane Regional Health District; and

WHEREAS, the Washington State Legislature has the authority to enact statewide legislation to protect, promote and improve public health and enact funding to support the public health system;


NOW, THEREFORE, BE IT HEREBY RESOLVED BY THE BOARD OF HEALTH, that the attached Board of Health Legislative Agenda for the 2018 State Legislative Session is adopted, and

BE IT FURTHER RESOLVED, that the Spokane Regional Health District's Board of Health calls upon the Washington State Legislature to consider this Legislative Agenda as it works to enact legislation and budgets in the interests of public health, and

BE IT FURTHER RESOLVED, that the attached Board of Health Legislative Agenda for the 2018 State Legislative Session shall be effective immediately upon adoption.

Signed this 7th day of December, 2017 in Spokane, Washington.

SPOKANE REGIONAL HEALTH DISTRICT
BOARD OF HEALTH



BREEAN BEGGS, COUNCILMEMBER


SUSAN BOYSEN, BOARD MEMBER

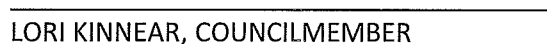

KEVIN FREEMAN, CHAIR

ABSENT
AL FRENCH, COMMISSIONER

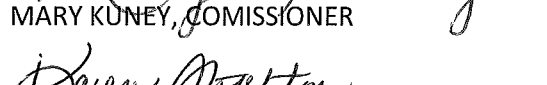
ABSENT
CHUCK HAFNER, VICE CHAIR


JOSH KERNS, COMMISSIONER

ABSENT


LORI KINNEAR, COUNCILMEMBER


MARY KUNEJ, COMMISSIONER


KAREN STRATTON, COUNCILMEMBER

ABSENT
SAM WOOD, COUNCILMEMBER

VACANT

VACANT

**SPOKANE REGIONAL HEALTH DISTRICT
BOARD OF HEALTH
2018 Legislative Agenda**



- I. Issues of highest priority to the SRHD Board of Health: SRHD staff and board members will actively participate in efforts to create statewide support and will directly advocate with local legislators and in Olympia concerning policy and budget priorities that substantively and directly impact SRHD operations.**

Mental Health/Substance Abuse System Reform Support additional efforts to improve the mental health and substance abuse system and availability of care. Mental disorders are strongly related to the occurrence and treatment of many chronic diseases including diabetes, cancer, cardiovascular disease, asthma, and obesity, and to many risk behaviors associated with chronic disease, such as physical inactivity, smoking, excessive drinking, and insufficient sleep. Substance abuse has direct physical effects. These effects are also cumulative to the individual, families and communities, significantly contributing to costly social, physical, mental, and public health problems, including teen pregnancy, domestic violence, child abuse, vehicle crashes and homicide.

Oral Health Support efforts to increase access to oral health services, with a focus on services for low income community members and residents of long-term care facilities, including expanding education for dental professionals, exploring new categories of dental providers (including Mid-Level Dental Providers), developing additional dental clinics and increasing insurance coverage. Dental disease is a serious problem and can lead to overall poor health outcomes. It is the most common childhood disease, affecting five times as many children as asthma. Without dental care, many children and adults live in pain, miss school or work, and in extreme cases, face life-threatening emergencies.

- II. Issues of priority to the SRHD Board of Health that are being led by other stakeholders: SRHD staff and board members will support other organizations that are taking the lead on these issues and communicate with local legislators and other officials statewide as requested by stakeholder leadership.**

Tobacco 21 Support increasing the minimum age to purchase tobacco and vaping products from 18 to 21. Tobacco use remains a leading cause of preventable death in Washington, contributing to 8,300 deaths annually and costing the state more than \$5 billion a year in healthcare costs and lost productivity. There are more than 104,000 Washington kids alive today who will ultimately die prematurely from smoking. Youth generally access tobacco products from older individuals in their social network, which can include 18-year-old high school seniors. Nearly 90% of smokers begin smoking before the age of 18 and people who do not smoke by the age of 21 generally do not initiate smoking. In addition to raising the legal age to 21, explore new sources of funding to offset revenue losses.

Homeless Youth Assist homeless students and their families through increased supports within and outside of the school environment. Analysis between homeless youth and their housed peers reveals significant differences in physical and mental health outcomes. In addition, youth who are homeless are more likely to suffer from learning disabilities and have lower grade point averages. They are also less likely to graduate from high school, leading to life-long consequences to their health, life expectancy and economic opportunity.

Youth information in the Homeless Management Information System (HMIS)--Allow minors to consent to share their information in the HMIS to support the full implementation of the 2015

Homeless Youth Act and allow the Department of Commerce (Commerce) to measure the performance of programs that serve homeless youth. State law requires that written consent be obtained by any individual before collecting their personally identifying information in HMIS. Commerce is unable to collect this information for any youth under the age of 18 because minors cannot sign their own written consent under current state law. Without collection of personally identifying information, Commerce cannot produce unduplicated counts of homeless youth, cannot determine if a young person returns to homelessness after receiving help from state services, and cannot match data with other public systems to look for overlap in the child welfare, juvenile justice, or school system. In addition, the lack of reliable youth data in our HMIS impairs the ability to effectively plan and evaluate the services and assistance needed by youth who are experiencing homelessness.

Safe Medicine Return Support efforts to create a statewide program to collect and dispose of unused medicines through a convenient, safe, environmentally sound and sustainable system, such as one funded by the pharmaceutical industry. Program elements should include convenient drop boxes at pharmacies, hospitals, police stations and other DEA authorized collection sites, as well as collection events and return mailers.

III. Issues supported by the SRHD Board of Health: SRHD staff will monitor legislative activity on these issues, keep board members up to date and share the importance of these issues to the Board of Health with local legislators.

Tax on Vaping Products Impose a tax vapor products, including electronic cigarettes and cartridges. Research shows that use of vapor products exposes people to heavy metals, ultrafine particulate, and cancer-causing agents like acrolein and nitrosamines. Vaping device emissions also contain volatile organic compounds (VOCs) and fine/ultrafine particles. These ultrafine particles can travel deep into the lungs and may lead to tissue inflammation. Many vaping devices contain nicotine. Youth are vulnerable to nicotine addiction and emerging research indicates that the use of vaping devices by youth may ultimately lead them to smoke cigarettes. Imposing a tax helps to address youth access by making the products less affordable for youth. Revenues can also support public health efforts to prevent youth access and use of vaping devices

Increase Tax on Hazardous Substances Increase revenues to support work at the state and local levels under the Model Toxics Control Act (MTCA) to clean up sites contaminated by hazardous substances and perform pollution prevention activities. The hazardous substances addressed under MTCA include petroleum products, pesticides, and certain chemicals determined by the Department of Ecology to present a threat to human health or the environment. MTCA is in a desperate financial situation with the capital side of the ledger starting the 2017 legislative session \$75 million in the negative. That compares to a normal capital budget that projects \$185-\$290 million dollars available to fund a number of important projects and programs.

Lead-Based Paint Certification Fees Increase the fee for certification and recertification of lead paint firms, inspectors, project developers, risk assessors, supervisors, abatement workers, renovators, and dust sampling technicians. The current fee is \$25. Funding supports three staff: one program manager, one certification specialist, and one enforcement officer. One enforcement officer is not adequate to enforce the rules in our state. A recent performance audit of the program done by the EPA recommends an additional two full-time employees. To comply with these recommendations, Commerce is requesting that the fees be raised to \$30. Even with this increase, Washington would continue to have the lowest fee in the nation. Lead was commonly used in paint until it was banned for residential use in 1978. Exposure

to lead can be highly toxic, especially to children ages 6 and younger. Ingesting or breathing dust from lead-based paint is the most common form of lead exposure. Dust is released by the deterioration of paint and can occur during remodeling activities. Lead-based paint remains a concern, despite the recent focus on lead contamination of drinking water.

Immunizations Protect the public from communicable diseases by increasing immunization rates, including through restrictions on exemptions to immunization requirements. Vaccine-preventable diseases, such as measles, mumps, and whooping cough, are still a threat. They continue to infect children and adults, resulting in hospitalizations and deaths every year. Outbreaks of preventable diseases are exacerbated by increasing populations of unvaccinated people.

Educational Opportunities and Learning Environment Support legislation to reduce educational opportunity gaps, increase graduation rates and provide for safe and healthy learning environments. An individual's overall physical and mental health and life expectancy are directly correlated to their income, and research has shown that educational attainment is one of the strongest predictors of income. For most people, educational attainment reflects material and other resources of the family and the knowledge and skills attained by young adulthood. Therefore, education captures both the long-term influence of early life circumstances and the influence of adult circumstances on adult health.

Youth Marijuana Prevention Account Protect and enhance funding stream dedicated to marijuana education and prevention programs and secure maximum allowed appropriation. Under State law, a portion of marijuana revenue is provided to public health for a hotline for referrals to treatment, grants to local health departments for strategies for prevention and reduction of marijuana use by youth, and media-based education campaigns. Competition for marijuana revenues continues and, to date, funding has been insufficient to meet the needs.