

BEFORE THE BOARD OF HEALTH  
SPOKANE REGIONAL HEALTH DISTRICT

RESOLUTION # 18-10

RE: ADOPTING A BOARD OF HEALTH LEGISLATIVE AGENDA FOR THE 2019 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 2019 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 2019 State Legislative Session shall be effective immediately upon adoption.


Signed this 6<sup>th</sup> day of December 2018 in Spokane, Washington.

SPOKANE REGIONAL HEALTH DISTRICT  
BOARD OF HEALTH

  
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CHAIR, CHUCK HAFNER

  
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KATE BURKE, COUNCILMEMBER

  
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DONALD CONDON, BOARD MEMBER

  
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KEVIN FREEMAN, MAYOR

**ABSENT**

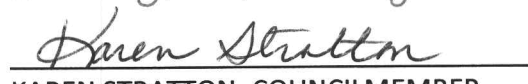
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AL FRENCH, COMMISSIONER

  
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ANDREA FROSTAD, BOARD MEMBER

  
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VICE CHAIR, BREEAN BEGGS

  
\_\_\_\_\_  
JOSH KERNS, COMMISSIONER

  
\_\_\_\_\_  
MARY KUNEY, COMMISSIONER

  
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KAREN STRATTON, COUNCILMEMBER

  
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LINDA THOMPSON, COUNCILMEMBER

  
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BEN WICK, COUNCILMEMBER

**Board of Health**  
**2019 Legislative Agenda**



- I. **ISSUES OF HIGHEST PRIORITY to the SRHD Board of Health: SRHD staff and board members will actively participate in creating statewide support and will directly advocate with local legislators and through testimony to the legislature concerning policy and budget priorities that will have broad impact on the public's health in Spokane County.**

**Foundational Public Health Services (FPHS)** Increase funding to fully develop the set of public health capabilities that must be present in every community in order to efficiently and effectively protect all people in Washington state. ESSB 6032 (2018) required the Department of Health to develop a statewide public health improvement plan. Implementation of that plan will be through multiple biennial requests of the legislature. For 2019, funding priorities include 1) environmental public health, 2) Communicable diseases prevention and control, and 3) assessment (surveillance and epidemiology).

**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.

**Suicide Prevention** Support funding to establish the foundational elements of a statewide system that will lead to a coordinated, multi-agency effort to raise awareness of risk and protective factors and align resources for people in crisis or at increased risk of suicide, as part of the recommendations in the Washington State Suicide Prevention Plan that identifies a comprehensive set of strategies and goals to reduce suicide in our state. The requested foundational elements were determined as the highest priority by the Action Alliance for Suicide Prevention (AASP). Rates of suicide are on the rise throughout the nation. The state's rate of deaths by suicide is 11 percent higher than the national rate.

**Home Visiting Services** Support additional funding to expand home visiting services and explore options for coverage of home visiting services under Medicaid. An additional \$9 million (biennium) will support 1200 new clients. Currently, not all home visiting services meet federal requirements to qualify for Medicaid reimbursement. Several options to allow for reimbursement have been identified by the Health Care Authority and the Department of Children, Youth and Families. High quality home visiting (such as Nurse Family Partnership and Parents as Teachers) is one key investment in a portfolio of child abuse and neglect prevention services. Research repeatedly indicates that home-based support results in more confident parents and healthy children.

**Mental Health/Substance Abuse** Support continued efforts to improve the mental health and substance abuse system and availability of care, such as increasing the number of community-based behavioral health resources and continuing to implement the state's opioid response plan. Mental disorders and substance abuse are strongly related to the occurrence 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 and cumulative impacts on the individual, families and communities that lead to costly social, physical, mental, and public health problems.

II. **ISSUES OF PRIORITY to the SRHD Board of Health: SRHD staff and board members will coordinate with other public health stakeholders to communicate with local legislators and through testimony to the legislature concerning these priorities that substantively and directly impact SRHD operations and programs.**

**Tobacco, Vapor and Marijuana Prevention and Control** Tobacco use remains the number one cause of preventable death in Washington and leads to over \$2.8 billion in medical costs in the state each year. Research shows that use of vapor products exposes people to heavy metals, ultrafine particulate, and cancer-causing agents. Many vaping devices contain nicotine, making youth vulnerable to nicotine addiction and, as research indicates, ultimately lead them to smoke cigarettes. Youth marijuana use continues to be a concern with nearly one in four of Spokane County youth having used marijuana at some point. By 12<sup>th</sup> grade, almost half of youth report having ever used marijuana, which has been shown to impair memory, impact mood and cognitive abilities.

**Tobacco and Vapor Product Prevention and Control Programs** Funding is requested to implement the five-year, stakeholder-created Tobacco and Vapor Product Prevention and Control Strategic Plan. Additional funding will be used to improve statewide tobacco and vaping prevention efforts, reduce tobacco/vaping-related health disparities, make tobacco cessation more available and accessible, reduce exposure to secondhand smoke, and prevent tobacco and vapor product use among young people.

**Tax on Vaping Products** Impose a tax on vapor products, including electronic cigarettes and cartridges, appropriating revenues for tobacco and vaping prevention and control programs.

**Youth Marijuana Prevention** Increase funding appropriated to marijuana education and prevention programs. Since implementation of I-502, appropriations by the legislature have been below the allowed allocation. Funding would allow for expansion of 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.

**Sexually Transmitted Disease (STD) Statute Modernization** Support implementation of the 2016 End AIDS Washington Recommendations to update the state's "HIV Laws" (RCW 70.24) to address HIV stigma and modernize the current law based on current medical science and prevention. Removing HIV exceptionalism will increase access to services such as screening, health care, and treatment for individuals who are at risk of HIV or living with HIV.

**Homeless Youth** Support efforts to assist homeless students and their families through expanded services for youth experiencing homelessness statewide with a focus on access to education. 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.

**Oral Health** Support efforts to increase access to oral health services, with a focus on services for low income community members. The Department of Health is proposing the establishment of a State Dental Director to lead and coordinate efforts to promote oral health and improve the state's position to compete for federal oral health grants. Additional efforts could also include expanding education for dental professionals, new categories of dental professionals (such as 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. Without dental care, many children and adults live in pain, miss school or work, and can face life-threatening emergencies.

III. **ISSUES OF INTEREST to 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.**

**Community Health Workers (CHW)** Implement the recommendations of the Community Health Worker Task Force. The task force was convened by the Health Care Authority as part of the Healthier Washington Initiative (HWI) in 2015 to develop actionable policy recommendations to align the CHW workforce with the HWI. A 2016 task force report makes recommendations regarding CHW roles, skills, and qualities; training and education needs; and finance and sustainability considerations for long-term CHW integration into Washington's health system. Further recommendations will be made in the upcoming report required by the 2018 supplemental budget proviso.

**Women, Infants and Children (WIC) Breastfeeding Peer Counseling** Increase funding for the WIC Breastfeeding Peer Counseling Program. Federal requirements to receive funding and comply with funding requirements present barriers for small rural agencies and tribal WIC programs. The requested funds will allow the Department of Health to offer funding to all local agencies and adapt the breastfeeding peer counseling program to meet the cultural and community needs of tribes and small rural agencies. Peer counseling is an evidence-based approach to increase breastfeeding rates and reduce serious, and potentially fatal, negative health outcomes for mothers and infants.

**Tax on Hazardous Substances (Model Toxics Control Act (MTCA))** 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 important projects and programs.

**Washington Nutrition Incentives** Increase funding for incentive programs to increase fruit and vegetable consumption among people with limited incomes. Fruit and vegetable incentives are additional benefit dollars that the Supplemental Nutrition Assistance Program (SNAP) and the Women, Infants and Children (WIC) participants can use to buy fruits and vegetables. Federal funds for Food Insecurity Nutrition Incentive (FINI) program expire in 2020, and Farmer's Market Nutrition Program (FMNP) provides only a very small incentive to clients which diminishes the participation rate. State funding for FINI and additional FMNP funds will enable thousands of low income families to increase the fruits and vegetables in their diet and enhance their overall health.

**Health Equity** Continue efforts to implement the recommendations of the Governor's Interagency Council on Health Disparities. In Washington State, as in the country overall, there are dramatic variations in health behaviors, status and outcomes by different populations, particularly by race/ethnicity and gender.