



## Resolution Urging Support of Single-Payer Healthcare



**Public Health**

**Whereas:** Approximately 48 million Americans lacked health insurance in 2015 and an estimated 31 million Americans will remain uninsured in 2023; and

**Whereas** the Patient Protection & Affordable Care Act of 2010 (ACA) expanded health coverage to 20 million people but left millions of people uninsured, and failed to control costs; and

**Whereas** there is an active bill in the United States Senate (Sens. Sanders et al), that would provide health coverage for all U.S. residents at considerably lower cost; and

**Whereas** a single-payer health care bill has been introduced in the United States Senate, and

**Whereas** recent public opinion polls find support for such a plan to be well above 50% among all voters (81% among Democrats, 43% of Republicans); and

**Whereas** the public outcry against the recently proposed "American Health Care Act" (AHCA) and recognition that the ACA needs revision, now is the time to promote full universal single-payer health care coverage in the U.S.; and

**Whereas** private insurance companies consume, on average, 13% of premiums in overhead, compared to fee-for-service Medicare's overhead of under 2%, and

**Whereas** providers are forced to spend tens of billions more dealing with insurers' billing and documentation requirements, bringing total administrative costs to 31% of US health spending, compared to 16.7% in Canada; and

**Whereas:** medical bills contribute to 62% of all personal bankruptcies; and

**Whereas** Other resolutions adopted by the MPHA have supported an affordable universal single-payer system to provide the most equitable and effective health care, serving both individual and public health needs...";

**Now, Therefore, Be It Resolved** that the Missouri Public Health Association (MPHA) requests our entire state Congressional delegation to support universal single-payer health care bills and initiatives, and we thank Senator Bernie Sanders for co-sponsoring universal single-payer health care bills and initiatives in Congress; and

**Be it further resolved** that we urge Senators Claire McCaskill and Roy Blunt to advocate for a universal single-payer health-care bill ; and

**Be it finally resolved** that the membership of the MPHA request the above-mentioned elected officials to respond upon receipt of this resolution.

Submitted:

Bernard R. Malone, M.P.A., Chair, Advocacy and Public Policy Committee

Approved:

Date: 10/4/2017

Robert Niezgoda, M.P.H, President



# Missouri Public Health Association



Public Health

## Resolution Re: Medicaid Expansion

**WHEREAS**, Thousands of Missourians with very serious health care needs today rely on Medicaid; and

**WHEREAS**, Expanding Medicaid eligibility will make it possible for more Missourians to get the care that they need; and

**WHEREAS**, For Missouri's children receiving health care will mean better performance in school and greater success later in life; and

**WHEREAS**, For all persons adequate health care coverage means a chance at leading a longer, more productive life; and

**NOW THEREFORE BE IT RESOLVED** that the Missouri Public Health Association supports efforts in the Missouri General Assembly to expand Medicaid coverage to all persons earning up to 138% of the federal poverty level.

A handwritten signature in blue ink, appearing to read 'Bernard R. Malone'.

Submitted:

Bernard R. Malone, M.P.A., Chair, Advocacy and Public Policy Committee

A handwritten signature in blue ink, appearing to read 'Robert Niezgoda'.

Approved: \_\_\_\_\_ Date: 10/4/2017

Robert Niezgoda, M.P.H, President



# Missouri Public Health Association



Public Health

## Resolution Re: Improving Access to Health Services

**WHEREAS**, Missouri ranks 26<sup>th</sup> among states of the nation in the percentage of its residents with insurance coverage for health care; and

**WHEREAS**, More than 14% of Missouri's population lacks adequate insurance protection; and

**WHEREAS**, Close to 140,000 of Missouri's most vulnerable population, its children, lack coverage; and

**WHEREAS**: The Centers for Disease Control and Prevention (CDC) ranks Missouri 47<sup>th</sup> in access to oral health care; and

**WHEREAS**: The Pew Charitable Trusts gives Missouri a "C" for children's oral health; and

**WHEREAS**: Only 30% of children enrolled in Medicaid in Missouri are getting adequate oral health care; and

**WHEREAS**, There is need to expand Medicaid eligibility and state funding for public and preventive health services, oral and mental health coverage and health related programs for vulnerable populations in order to help contain health care costs and reduce cost shifting; and

**NOW THEREFORE BE IT RESOLVED** that the Missouri Public Health Association supports full implementation of the Affordable Care Act and any other access-related legislation and coverage; and will support and advocate for such issues if brought before the 2017 Missouri General Assembly.

A handwritten signature in black ink, appearing to read "Bernard R. Malone".

Submitted:

Bernard R. Malone, M.P.A., Chair, Advocacy and Public Policy Committee

A handwritten signature in black ink, appearing to read "Robert Niezgoda".

Approved:

Date: 10/4/2017

Robert Niezgoda, M.P.H, President



# Missouri Public Health Association



Public Health

## Resolution Re: Social Determinants of Health

**WHEREAS**, The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. In turn, these circumstances are shaped by a wider set of forces: economics, social policies, and politics; and

**WHEREAS**, It is known that many such factors influence disease risk; and

**WHEREAS**, Factors such as socio-economic and demographic indicators of race, income, geographic location among others have a significant predictive value of risk; and

**WHEREAS**, Curtailment of predatory lending by setting a reasonable rate cap for payday, title and refund-anticipation and other short term loans will improve the economic and health status of vulnerable populations; and

**WHEREAS**, Enactment of mandatory foreclosure mediation prior to actions to evict individuals will reduce risk for economic ruin and health impacts; and

**NOW THEREFORE BE IT RESOLVED** that the MPHA will advocate and actively support legislation in the 2017 Missouri General Assembly that is aimed at reducing predatory lending and the enactment of mandatory foreclosure mediation.

A handwritten signature in black ink, appearing to read 'Bernard R. Malone'.

Submitted:

Bernard R. Malone, M.P.A., Chair, Advocacy and Public Policy Committee

A handwritten signature in black ink, appearing to read 'Robert Niezgoda'.

Approved:

Date: 10/4/2017

Robert Niezgoda, M.P.H, President



# Missouri Public Health Association



Public Health

## Resolution Re: Tax Proposals

**WHEREAS**, Proposals to eliminate the state's income tax to be replaced by a so-called Fair Tax are expected to be introduced in the 2018 Missouri General Assembly as a House and Senate joint resolution; and

**WHEREAS**, Implementation of a so-called Fair Tax would cause a \$2.5 billion cut in general revenue; and

**WHEREAS**, Fair Tax would cut funding for public schools by \$868 million, social services and Medicaid by \$466 million, higher education by \$291 million, and public safety, prisons and courts would lose nearly \$272 million. Programs for senior services, health and mental health would be cut nearly \$263 million. State Departments of Transportation and Agriculture would lose about one-third of their general revenue funding; and

**WHEREAS**, An expanded tax would significantly compromise the ability of Missouri to fund critical services including education, health care and infrastructure; and

**WHEREAS**, Missourians will be taxed at a much higher rate on nearly everything they purchase including child care, rent, food and prescription drugs; and

**WHEREAS**, Lower-income households will suffer the most when purchasing these products that all persons need, regardless of their income; and

**NOW THEREFORE BE IT RESOLVED** that the MPHA will oppose any effort to amend the Missouri Constitution to eliminate the State's current general revenue tax structure and replace it with a greatly expanded sales tax in the next session of the Missouri General Assembly.

Submitted:

Bernard R. Malone, M.P.A., Chair, Advocacy and Public Policy Committee

Approved:

Date: 10/4/2017

Robert Niezgoda, M.P.H, President



# Missouri Public Health Association



**Public Health**

## Resolution Re: Prevention and Public Health Fund

**WHEREAS**, Of more than \$1.7 trillion in healthcare spent nationally each year, less than four cents out of every dollar is spent on prevention and public health; and

**WHEREAS**, Prevention programs help our nation address the exploding growth in healthcare treatment costs in Medicaid, Medicare, and private health care; and

**WHEREAS**, Every dollar spent on pre-conception care programs for women with diabetes, \$5.19 is saved by preventing costly complications in both mothers and babies; and

**WHEREAS**, For every dollar spent on childhood immunizations, \$16 is saved in cost to treat vaccine preventable illness; and

**WHEREAS**, Investing in prevention and public health not only saves lives, but it also yields a significant return on investment; and

**WHEREAS**, The Prevention and Public Health Fund has already improved the nation's health care status by supporting essential and proven prevention activities, such as immunization and tobacco cessation; and

**NOW THEREFORE BE IT RESOLVED** that the MPHA will strongly oppose any efforts to decrease the federal commitment to prevention and public health. Support for this fund holds great promise to improve the capacities of state and local health departments to protect their communities from health threats and increase the numbers of highly skilled scientists and public health professionals.

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Submitted:

Bernard R. Malone, M.P.A., Chair, Advocacy and Public Policy Committee

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Approved:

Date: 10/4/2017

Robert Niezgoda, M.P.H, President



# Missouri Public Health Association



Public Health

## Resolution Re: Aid to Local Public Health Funding

**WHEREAS**, The State of Missouri, through general revenues and with funding from the Centers for Disease Control (CDC) provides support to local public health for a broad array of program and services, including: environmental health, communicable disease and bio-terrorism surveillance and response; and

**WHEREAS**, Homeland security and infectious disease outbreaks are critical public health issues for the nation; and

**WHEREAS**, The Centers for Disease Control and Prevention (CDC) and the State of Missouri have significantly reduced support to local agencies; and

**WHEREAS**, Adequate funds are needed at the local level to support the identification and containment of disease outbreak, the protection of the public through environmental inspection of food and lodging establishments, and the engagement of community partners to identify and address community health priorities; and

**WHEREAS**, According to the most recent assessment conducted by Trust For America's Health, Missouri spends \$5.90 per capita on health services for its residents, far below the national median of \$33.71 per capita, resulting in a ranking of dead last, i.e., 50th in the nation; and

**WHEREAS**, Missouri general revenue funding for local public health has been reduced by more than 67% since FY 2002; and

**NOW THEREFORE BE IT RESOLVED** that the Association will work with local partners throughout the state with goal to advocate for the State of Missouri's General Assembly to restore the funding level for aid to local public health essential services to that of \$7.2 million, and

**BE IT FURTHER RESOLVED** that the General Assembly should direct that general revenue and any federal funds available for public health be distributed to local agencies in a formula that is fair and equitable.

Submitted:

Bernard R. Malone, M.P.A., Chair, Advocacy and Public Policy Committee

Approved:

Date: 10/4/2017

Robert Niezgoda, M.P.H, President



# Missouri Public Health Association



## Resolution Re: Statewide Comprehensive Tobacco Control

Public Health

**WHEREAS**, Tobacco use accounts for at least 30% of all cancer deaths, 87% of lung cancer deaths, and 32% of deaths attributable to cardiovascular disease in the U.S. About 10,000 Missourians die from tobacco-related diseases every year; and

**WHEREAS**, Secondhand smoke is classified as a "known human carcinogen" and causes 1,100 deaths in Missouri annually. Furthermore, tobacco smoke contains more than 4,000 chemical compounds. More than 60 of these are known or suspected to cause cancer; and

**WHEREAS**, In the U.S. about 21.5% of men and 17.3% of women still smoked cigarettes in 2010, with almost 80% of these people smoking daily. The Missouri adult smoking rate was 23.9% in 2012; and

**WHEREAS**, The economic cost of smoking and related illness to Missouri is \$4.75 billion, yet fiscal year 2013 funding for state tobacco cessation was \$2.3 million; and

**WHEREAS**, The smoking rate among Missouri high school students is 18% and more than 90% of adult smokers began the habit before they were 18 years old; and

**WHEREAS**, Each day in the United States, approximately 3,900 young people between 12 and 17 years of age smoke their first cigarette, and an estimated 1,000 youth become daily cigarette smokers; and

**WHEREAS**, 73% of Missouri adults would support local laws making all indoor workplaces smokefree and 65% would support a change in Missouri law state-wide that makes all indoor workplaces smoke-free, including restaurants, bars and casinos; and

**NOW THEREFORE BE IT RESOLVED** that the MPHA supports communities in their efforts to adopt tobacco control legislation and support a comprehensive statewide clean indoor air law; and

**BE IT FURTHER RESOLVED** that the MPHA resolves to oppose any efforts by the 2017 General Assembly to pre-empt current or future local ordinances related to tobacco; and **BE IT FURTHER RESOLVED** that the MPHA encourages funding for nicotine replacement therapy (NRT) be included in any bill related to tobacco control. The Association believes that such treatment should be available and easily accessible.

Submitted:

Bernard R. Malone, M.P.A., Chair, Advocacy and Public Policy Committee

Approved:

Date: 10/4/2017

Robert Niezgoda, M.P.H., President





# Missouri Public Health Association



**Public Health**

## Resolution Re: Food Safety and Supply

**WHEREAS**, Potentially hazardous foods prepared in an uninspected establishment or private home may lead to public harm due to a foodborne illness outbreak; and

**WHEREAS**, Food prepared for public consumption or sale may represent a potentially hazardous situation due to cross contamination, unsanitary conditions and unverified food sources when not regulated by the local public health department or authority; and

**WHEREAS**, An increased risk of cross contamination is more likely in a private home or uninspected establishment due to a lack of proper training in regard to food handling, safety and storage; and

**WHEREAS**, A private home or uninspected establishment lacks the proper equipment, such as a commercial dishwasher, which ensures potentially hazardous foods are prepared sanitarily and safely to protect consumers; and

**WHEREAS**, Sales or consumption of potentially hazardous foods and their sources must be able to be tracked in the event of a foodborne outbreak; and

**WHEREAS**, Government agencies are responsible for setting food safety standards, conducting inspections, and ensuring that standards are met; and

**WHEREAS**, Food safety is an important public health priority for the protection of the public and their health; and

**WHEREAS**, The Centers for Disease Control and Prevention (CDC) estimates each year 48 million people get sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases; and

**NOW THEREFORE BE IT RESOLVED** that the MPHA will oppose any effort to amend the Missouri law to reduce or limit the state's current food safety guidelines and replace it with an inadequate ability to ensure a safe food supply in the 2016 session of the Missouri General Assembly.

A handwritten signature in black ink, appearing to read "Bernard R. Malone".

Submitted:

Bernard R. Malone, M.P.A., Chair, Advocacy and Public Policy Committee

A handwritten signature in black ink, appearing to read "Robert Niezgoda".

Approved:

Date: 10/4/2017

Robert Niezgoda, M.P.H, President



# Missouri Public Health Association



Public Health

## Resolution Re: Lead Removal

**WHEREAS**, Lead poisoning has serious health effects that persist throughout life and may cause learning disabilities and behavioral problems; lead levels beyond 5 micrograms per deciliter of blood can also cause seizures, coma, and even death.; and

**WHEREAS**, Most lead poisoning in children results from deteriorating paint in residential housing; and

**WHEREAS**, Lead poisoning frequently goes unrecognized because it often occurs with no obvious symptoms; and

**WHEREAS**, Decreasing lead paint hazards created by unsafe renovation practices will help protect children from lead poisoning; and

**WHEREAS**, Most other states in the region including KS, IA and OK have already adopted such legislation;

**NOW THEREFORE BE IT RESOLVED** that the Missouri Public Health Association will support efforts to expand legislation and enforcement of the Environmental Protection Agency's Renovation Repair and Painting Rule.

Handwritten signature of Bernard R. Malone in black ink.

Submitted:

Bernard R. Malone, M.P.A., Chair, Advocacy and Public Policy Committee

Handwritten signature of Robert Niezgoda in black ink.

Approved:

Date: 10/4/2017

Robert Niezgoda, M.P.H, President



# Missouri Public Health Association



**Public Health**

## Resolution Re: Reduce Marijuana-related Problems

**WHEREAS**, Long-term marijuana abuse can lead to addiction. In 2010, there were 10,689 drug treatment admissions with marijuana identified as the “primary drug” abused. 92% of people using publicly-funded treatment services for marijuana were 18 and under at age of first use. (2011 Status Report on Missouri’s Substance Abuse and Mental Health Problems)

**WHEREAS**, Current research has demonstrated the earlier marijuana use begins, the more likely the user will become dependent on it or other types of drugs later in life. Regular marijuana users have a 40% chance of becoming addicted. (National Institute on Drug Abuse)

**WHEREAS**, The age of first marijuana use in Missouri is 13.62 years and nationally it is 13.91 years. (2012 Missouri Student Survey)

**WHEREAS**, 16% of the Missouri youth that reported marijuana use were daily users. (2012 Missouri Student Survey)

**WHEREAS**, Marijuana impairs the brain’s effectiveness, ability to concentrate, coordination and ability to retain information by changing the way sensory information reaches and is processed by the brain. Compared to nonsmoking peers, students who smoke marijuana tend to get lower grades and are more likely to drop out of high school. Students who use marijuana before age 15 are three times more likely to have left school by age 16. (CADCA 2010 Drug and Alcohol Use and Academic Performance Report)

**WHEREAS**, in Colorado from 2006-2011, traffic fatalities involving drivers testing positive for just marijuana increased 114%. Colorado began a medical marijuana program from 2000-2009, with expanded medical use from 2009-present and fully legalized in 2012. (Rocky Mountain HIDTA 2013)

**WHEREAS**, Federal excise taxes collected on alcohol in 2007 totaled around \$9 billion; states collected around \$5.5 billion. Combined, these amounts are less than 10 percent of the estimated \$185 billion in alcohol-related costs to health care, criminal justice, and the workplace in lost productivity. It’s estimated that taxing marijuana would produce the same gap in tax revenue vs. marijuana related costs (health care, criminal justice, workplace, etc). (Project SAM, 2013)

**NOW BE IT THEREFORE RESOLVED**, That the Missouri Public Health Association is against the legalization of marijuana for recreational purposes:

**BE IT FURTHER RESOLVED**, That the Missouri Public Health Association will educate its members and, if possible, the general public of its endorsement of this Resolution and educate the Governor and members of the state legislature of its endorsement of this Resolution, to the extent permitted by law, and urge its members to do the same.

Submitted:

Bernard R. Malone, M.P.A., Chair, Advocacy and Public Policy Committee

Approved:

Date: 10/4/2017

Robert Niezgoda, M.P.H, President



# Missouri Public Health Association



Public Health

## Resolution Re: Prescription Drug Monitoring Program

**WHEREAS**, Prescription Drug Monitoring Program (PDMP) is a tool to improve patient care and safety, and to reduce the abuse and diversion of prescription drugs, specifically regarding opioids and other pain reducing pharmacological agents;

**WHEREAS**, According to the National Alliance for Model State Drug Laws (NAMSDL), a PDMP is a *statewide* electronic database which collects designated data on substances dispensed in the state. The PDMP is housed by a specified statewide regulatory, administrative or law enforcement agency. The housing agency distributes data from the database to individuals who are authorized under state law to receive the information for purposes of their profession.

**WHEREAS**, Missouri is the only state in the United States that does not have a Prescription Drug Monitoring Program (PDMP).

**WHEREAS**, Prescription drug abuse is not something to take lightly. The Medicine Abuse Project shows that 1 in 4 teens report having misused or abused a prescription drug at least once in their lifetime.

**WHEREAS**, Studies in Kentucky, Nevada, Wyoming and Utah have shown that when PDMPs are created and used the correct way, prescription drug abuse decreases. Opponents to a PDMP point to privacy concerns, while proponents argue that 49 other states have found a way to make it safe.

**WHEREAS**, the benefits of PDMP are:

- Support access to legitimate medical use of controlled substances
- Identify and deter or prevent drug abuse and diversion
- Facilitate and encourage the identification, intervention with and treatment of persons addicted to prescription drugs
- Inform public health initiatives through outlining the use and abuse trends
- Educate the public and all health care providers about PDMP and the use, abuse and diversion of and addiction to prescription drugs.

**BE IT THEREFORE RESOLVED**, That Missouri Public Health Association supports a state wide Prescription Drug Monitoring Program, that includes access to data for local public health agencies.

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Submitted:

Bernard R. Malone, M.P.A., Chair, Advocacy and Public Policy Committee

A handwritten signature in black ink, appearing to read "Robert Niezgod".

Approved: \_\_\_\_\_ Date: 10/4/2017  
Robert Niezgod, M.P.H, President



# Missouri Public Health Association



**Public Health**

## **Resolution Re: Statewide Comprehensive E-Cigarette Control**

**WHEREAS**, E-Cigarettes are manufactured without regulatory oversight or quality control; and

**WHEREAS**, E-Cigarettes have not been thoroughly studied for health impact; and

**WHEREAS**, E-Cigarettes may contain twenty times as much nicotine as cigarettes; and

**WHEREAS**, More than a quarter-million youth who had never used cigarettes used E-Cigarettes.

**NOW THEREFORE BE IT RESOLVED** that the MPHA supports communities in their efforts to adopt ECigarette control legislation; and

**BE IT FURTHER RESOLVED** that the MPHA resolves to oppose any efforts by the General Assembly to pre-empt current or future local ordinances related to E-Cigarettes.

Submitted: Larry Jones

Approved: \_\_\_\_\_ Date: 10/4/2017  
Robert Niezgoda, M.P.H, President



# Missouri Public Health Association



## Resolution: Local Public Health Authority

**Whereas**, many Local Public Health Agencies in MO have the authority to adopt health related ordinances within their jurisdiction; and

**Whereas**, Until recently, the authority to do so has not been questioned; and

**Whereas**, the adoption of local ordinances related to protection of the public's health has been a longstanding practice; and

**Whereas**, A recent challenge to this authority has been filed in a Circuit Court, and

**Whereas**, that Court cited 192.300 RSMo and ruled that the local health department did not have the authority; and

**Whereas**, other judicial challenges to this authority may occur; and

**Whereas**: Former Attorney General Kris Koster issued an opinion in 2009 that County Health Center Boards, made up of duly elected officials, are largely independent of the County Commission. As such, he stated, 192.300 RSMo gives power to boards to establish fees and carry out their respective orders and ordinances and requires no approval of the County Commission for such action; and

**NOW Therefore Be It Resolved** that the MO Public Health Association seeks rapid and complete legislative modification to grant authority to local health departments to adopt local ordinances to protect the health of the public within its jurisdiction and

**BE IT FURTHER RESOLVED** that the Association and the State Department of Health and Senior Services work together to assure such authority through the initiation of advocacy efforts.

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Submitted:  
Bernard R. Malone, M.P.A., Chair, Advocacy and Public Policy Committee

A handwritten signature in black ink, appearing to read "Robert Niezgoda".

Approved: \_\_\_\_\_ Date: 10/4/2017  
Robert Niezgoda, M.P.H, President



## Missouri Public Health Association



### Resolution: Human Papilloma Virus (HPV) Vaccination

**WHEREAS**, the human papilloma virus (HPV) is responsible for approximately 500 preventable cervical and head and neck cancers in women and men every year in Missouri.

**WHEREAS**, the HPV vaccine is highly effective in preventing cervical and head/neck cancers.

**WHEREAS**, in Missouri, 2 out of 5 girls and half of all boys in Missouri have not received even one dose of HPV vaccine.

**WHEREAS**, CDC recommends HPV vaccination for girls and boys at ages 11 or 12 years to protect against cancers caused by HPV infections.

**NOW THEREFORE BE IT RESOLVED** that the Missouri Public Health Association supports efforts in the Missouri General Assembly to add HPV to the 2018-2019 Missouri School Immunization Requirements for 11 – 12 year olds.

Source of immunization data - <https://www.cdc.gov/mmwr/volumes/65/wr/mm6533a4.htm>

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Submitted:  
Bernard R. Malone, M.P.A., Chair, Advocacy and Public Policy Committee

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Approved: \_\_\_\_\_ Date: 10/4/2017  
Robert Niezgoda, M.P.H, President