

Communiqué

August 2014

PRESIDENT'S MESSAGE

Dalen Duitsman, Ozark Public Health Institute and Professor in Public Health, Missouri State University



Dear Colleagues,

In my last correspondence I wrote that I hoped that my letter

found everyone in good health, safe and warm. My wish for this correspondence is the same with the exception that you are able to find a cool refuge from the heat. There are quite a few things I would like to share so I will get right to it.

We should be proud that Missouri has a distinguished history of being an innovator in Public Health. It was one of the first states to develop an interactive and searchable data base system that made state and county data available to everyone (Missouri Information for Community Assessment – MICA previously MOHSAIC). Missouri was also the first state in the nation that had their Newborn Screening program screen for 5 lysosomal storage disorders. Another huge accomplishment for Missouri was that it was the first state in the nation to have a voluntary public health accreditation process for Local Public Health Agencies (Missouri Institute of Community Health – MICH). MICH's accreditation program served as a foundational model for the development of the current national accreditation program (Public Health Accreditation Board - PHAB). Quality



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improvement and accreditation continue to be high public health priorities in the state with a number of agencies accredited by MICH and others seeking MICH accreditation. This is also evidenced by Kansas City Health Department receiving PHAB accreditation. Other noteworthy accomplishments are that the Missouri Asthma Prevention and Control Program received an award from the Centers for Disease Control National Asthma Control Program for outstanding evaluation practice and Missouri met the Office of the National Coordinator for Health Information Technology requirement for being able to accept data for electronic lab reporting. Currently, there is another innovative initiative that is in its formative stages that could have a significant impact on the public health system in Missouri. MPHA, in collaboration with MoALPHA, MICH and MDHSS, are now starting a process that builds on the tradition of Missouri's dedication to having an exemplary and ever evolving public health system. The above organizations formed a Missouri Future of Public Health Task Force to develop a strategic process to set the stage to conduct a comprehensive review of Missouri's public health system. The findings and input gained from this process will be used to not only shore up gaps that currently exist, but to develop a plan and ultimately a process that enhances the function of the public health system. This is an ambitious, but very exciting and historical undertaking. The outcome will undoubtedly have a profound impact on the Public Health system in Missouri. Your input into this process will be critical. Everyone will have the opportunity to contribute to this initiative. More information will be forthcoming.

The MPHA Board is always looking for ways to add value to being a member of MPHA. Over the last year MPHA has been reviewing and evaluating services/benefits that we believe will be of interest to our membership. As a result, MPHA plans to roll out several benefit programs at a reduced cost to membership. Initial programs include: HIPAA Compliance; Identify Theft; Long Term Disability; Legal Aid; and Term Life Insurance policies. The HIPAA Compliance has come to forefront given the potential legal ramifications and potential financial penalties for Local Public Health Agencies that are noncompliant. Other reduced cost services or benefits will be added as deemed appropriate by the Board and the membership. These benefit packages will be discussed at the MPHA General Membership meeting at the annual conference (see below for dates) and a services/benefits expert will have a booth at the conference to answer specific questions.

The Annual Joint Public Health Conference is fast approaching. It will be at the Stoney Creek Inn in Columbia September 24th to 25th with a preconference workshop on the 23rd. The conference theme this year is "Public Health: Better Health, Better Missouri." There are truly outstanding sessions to choose from and this year the APHA President will be with us. The MPHA Health Impact Assessment (HIA) workshop that was in June was a tremendous success (see newsletter coverage). One of the preconference sessions will be a follow-up to the HIA training. It will be in the afternoon on the 23rd from 12:30 to 4:00 PM. The preconference session in the morning from 8:30 AM to noon will be on QI and Performance Management. These are

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APHA Legislative Update

July 2014



Appropriations bills stall due to controversial policy riders

Efforts to attach controversial policy riders to key annual appropriations bills that fund critical public health, nutrition and environmental protection programs have stalled the bills in at least one of the two chambers of Congress.

In the Senate, the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies advanced the fiscal year 2015 Labor-HHS-Education appropriations bill. Under the bill approved by the subcommittee, the Centers for Disease Control and Prevention would receive an increase of \$149.6 million, and the Health Resources and Services Administration would receive an increase of \$53 million over the comparable fiscal year 2014 program levels. In addition, the bill would fully allocate the \$1 billion available under the Prevention and Public Health Fund for fiscal year 2015. While the bill was expected to be taken up by the full Senate Appropriations Committee within days of the subcommittee's

consideration, the bill was pulled from the schedule likely due, at least in part, to the possibility that controversial amendments targeting the Affordable Care Act would be offered to the bill. Senate Appropriations Committee Chairwoman Barbara Mikulski, D-Md., has yet to officially schedule a full committee markup on the bill. The House Appropriations Committee has not taken any action on the bill, though it did allocate \$1 billion less in overall funding for the bill as compared to its Senate counterpart.

The House and Senate have also delayed consideration of the fiscal year 2015 agriculture appropriations bill. In the House the bill was pulled from floor consideration after the primary defeat of House Republican Majority Leader Eric Cantor, and Senate Majority Leader Harry Reid pulled the three-bill "minibus," which includes the agriculture appropriations bill, from Senate floor consideration after a disagreement between Democratic and Republican leaders on how to proceed on amendments to the bill. The agriculture appropriations bill has

been the target of several controversial policy riders opposed by APHA and other public health organizations. The riders would weaken or delay federal child nutrition standards. An amendment by Senate Minority Leader Mitch McConnell, R-Ky., that would block the U.S. Environmental Protection Agency from moving forward with its proposed rule to require existing coal-fired power plants to reduce carbon emissions is also holding up action in the Senate. The amendment was crafted by McConnell so it could be offered to several of the spending bills pending action in the Senate. The McConnell amendment is strongly opposed by APHA and other key public health organizations.

Congress has yet to send any of the 12 funding bills to the president for his signature. Failure to enact the bills before Sept. 30, the end of the current fiscal year, could lead to a government shutdown and also increases the chance that Congress will need to pass a continuing resolution to keep critical government functions such as public

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APHA Legislative Update (continued)

health up and running. You can send a message to your members of Congress urging them to support adequate funding for public health by visiting APHA's take action site.

Supreme Court ruling limits contraceptive coverage

On June 30, the U.S. Supreme Court ruled 5-4 that "closely held" businesses can limit employee access to contraceptive coverage for women, expanding the scope of religious-liberty rights. The two cases brought before the Supreme Court – Hobby Lobby Stores and Conestoga Wood Specialties – involve for-profit corporations whose owners object to the mandate requiring contraceptive coverage in employees' health care plans on religious grounds. APHA Executive Director Georges Benjamin, MD, strongly opposed the ruling in a press statement, saying that the ruling contradicts widely accepted medical care standards that ensure that women are not denied access by employers to the full range of critical preventive health care services. APHA submitted an amicus brief to the Supreme Court in support of the Department of Health and Human Services and the contraception coverage rule.

For more coverage on the ruling, check out APHA's Storify and Public Health Newswire story.

Comment period open for EPA carbon rule for existing power plants

On June 2, U.S. Environmental Protection Agency Administrator Gina McCarthy announced the agency's Clean Power Plan, a proposed rule to require existing U.S. power plants to reduce carbon emissions by 30 percent below 2005 levels by 2030. APHA praised the proposal and urged EPA to finalize the rule with the strongest possible health benefits.

Coal- and oil-fired power plants are the largest sources of carbon emissions in the United States. Carbon pollution is a major contributor to climate change, which in turn has serious health implications. Climate change threatens human health through increased and more intense and extreme weather events such as heat waves, drought and floods, increased frequency of wildfires, increased levels of ozone pollution and the spread of water- and vector-borne disease.

While other emissions of particle pollution, nitrogen oxide and mercury are currently regulated by EPA, there are currently no limits on carbon emissions. EPA estimates that by 2030 the proposal would yield up to \$93 billion a year in climate and health benefits. Thanks to the co-benefits of smog and particle emissions reductions under the rule, by 2030 the U.S. is projected to see up to 6,600 fewer premature deaths and 150,000 fewer asthma attacks annually.

The proposal, which is now published in the Federal Register, is open for public comment until Oct. 16. Interested advocates can submit comments in support of the strongest possible rule by using the action alert hosted on APHA's website or by submitting comments through the Federal Register online via regulations.gov. EPA will also be hosting a series of public hearings the week of July, 28 in Atlanta, Denver, Washington, D.C., and Pittsburgh. If you are interested in attending a public hearing, you can find more information about dates and location and how to register on EPA's website.

APHA urges funding for alternative dental providers

The Alternative Dental Health Care Provider Demonstration program,

Calendar of Events

2014

September 23-25, 2014
Board Meeting & Joint Annual Conference
 Stoney Creek Inn
 Columbia, MO

November 15-19, 2014
APHA 142nd Annual Meeting
 New Orleans, LA

2015

APHA 143rd Annual Meeting
 Chicago, IL

2016

APHA 144th Annual Meeting
 Denver, CO

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APHA Legislative Update (continued)

approved by Congress in 2010 under the Affordable Care Act, would allow the Health Resources and Services Administration to provide grants to support and further evaluate innovative models to increase access to dental care in the U.S. — all within the scope of state dental practice laws. The program would help reduce the profound oral health disparities that exist within the U.S. by providing dental health care to populations at highest risk for specific oral diseases.

Unfortunately, Congress has blocked funding for the program since fiscal year 2011. APHA sent a letter to House and Senate Appropriations Committee leaders urging them to ensure that language in the fiscal year 2015 Labor, Health and Human Services appropriations bill does not restrict funding for the program.

APHA anchors brief opposing narrated ultrasound requirement

A North Carolina law enacted in October 2011 requires a woman to have a narrated ultrasound and receive information about her fetus before she can receive an abortion. APHA filed a friend-of-the-court brief opposing the Display of Real-Time View Requirement, arguing that the requirement jeopardizes public health in North Carolina by imposing restrictions on safe and legal abortion without medical justification. APHA also argues that the requirement undermines the trust that is at the core of the physician-patient relationship. The requirement is currently on appeal in the U.S. Court of Appeals for the Fourth Circuit.

House passes newborn screening bill

On May 25, the House passed H.R. 1281, the Newborn Screening Saves Lives Reauthorization Act. Newborn screening identifies certain genetic, metabolic, hormonal and functional conditions and allows for early detection and prompt treatment,

which may prevent permanent disability, developmental delay and even death. The bill would extend federal programs that provide assistance to states to improve and expand their newborn screening programs, support parent and provider education, and ensure laboratory quality and surveillance for newborn screening programs. A companion bill, S. 1417, passed the Senate in February.

In advance of floor action by the full House, APHA joined other advocates in sending a letter urging for prompt consideration of the bill.

Tell FDA to regulate all tobacco products

The U.S. Food and Drug Administration currently regulates cigarettes, smokeless tobacco and roll-your-own tobacco products. Now, the agency has proposed an important new regulation, known as the deeming regulation, that would allow the agency to regulate *all* tobacco products including electronic cigarettes (e-cigarettes), cigars, pipe tobacco, hookah tobacco and dissolvable tobacco products.

It is critical that FDA hears from public health advocates like you to ensure the adoption of the strongest possible rule that best protects the public's health and doesn't exempt any dangerous tobacco products. You can get additional information about the rule and submit a comment to the FDA in support of a strong rule by visiting the new website developed by our partner the Campaign for Tobacco Free Kids.

APHA summer advocacy campaign underway

APHA recently launched its annual Public Health Action, or PHACT, Campaign to mobilize its members, Affiliates and other advocates to educate their members of Congress on important public health issues that

help build and maintain healthy communities. Throughout the summer, advocates are encouraged to reach out to their members of Congress while they are at home during the August congressional recess, which stretches from Aug. 1-Sept. 7, and engage in additional advocacy activities throughout the summer.

The PHACT Campaign action kit offers sample questions for town hall meetings, sample emails and scripts for sending messages to or calling congressional offices, tips for setting up meetings with congressional district staff and tips for using social media to publicize your advocacy activities. Advocates can also send messages to their members of Congress expressing the importance of the three priorities of the PHACT Campaign – public health funding, the prevention fund and gun violence prevention. Also, visit the PHACT website for information on where your state ranks on public health issues. The PHACT website will be updated throughout the summer with a list of town hall meetings in your community and other helpful resources to use in your advocacy efforts. APHA is also requesting that advocates and Affiliates share their advocacy success stories by emailing us at phact@apha.org.

Registration now open for APHA's Annual Meeting

Registration is open for APHA's 142nd Annual Meeting and Exposition to be held Nov. 15-19 in New Orleans. The meeting, which has a theme of "Healthography: How where you live affects your health and well-being," will present an opportunity to explore how health challenges are dictated by place. Register by Aug. 28 to receive special savings. Visit APHA's website for more information.

Policy Watch: State and International Updates

June 2014

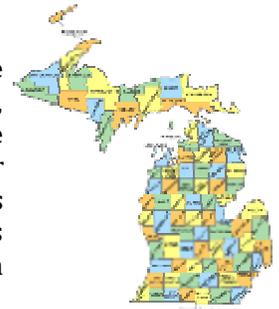


Vermont's GMO label challenged

The Vermont state legislature passed and Gov. Peter Shumlin signed into law Act 120, which will require food manufacturers to label genetically modified foods by July 1, 2016. The bill intends to provide consumers with more information about the food they purchase and consume. Four major manufacturing associations — the Grocery Manufacturers Association, the Snack Food Association, the International Dairy Foods Association and the National Association of Manufactures — immediately filed a lawsuit challenging the newly enacted law, claiming it to be unconstitutional. Sen. David Zuckerman, co-author of the bill, adamantly defended the measure by stating, “these companies spend billions a year...yet they’re unwilling to adjust their packaging for consumers, and the majority of consumers want to know what they’re eating.” The law also established a fund to help the state fight off any potential lawsuits.

Michigan Medicaid expansion includes financial incentive

In an effort to improve health and control Medicaid spending, Michigan became the second state after Iowa to implement a health risk assessment for lower premiums tradeoff. In essence, Michigan is offering its Medicaid enrollees lower premiums and cost sharing, if the enrollee agrees to complete an annual health risk assessment with their doctor and commits to behavior changes, like quitting smoking or losing weight, to improve their health. Enrollees with incomes above the poverty level could potentially reduce their annual premium by 50 percent. Enrollees with incomes below the poverty line will not have to pay a premium, and therefore instead of a premium reduction will be eligible to receive a \$50 gift card.



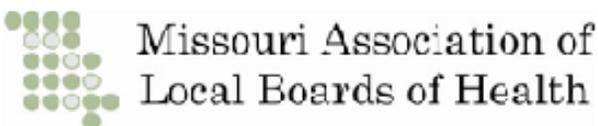
Oral vaccine highly effective during Guinea cholera outbreak

In 2012 the West African country, Guinea, experienced an outbreak of cholera — a deadly infection that affects an estimated 3 to 5 million a year and kills about 100,000 to 120,000 people. During the outbreak, health care workers delivered a two-dose vaccine, delivering more than 300,000 doses over a period of two weeks. A study published in *The New England Journal of Medicine* found that the vaccine was 86 percent effective in preventing immediate infection, supporting the use of vaccination as part of the response to an outbreak. The World Health Organization has created a stockpile that contains 2 million doses of Shancol, and the Global Alliance for Vaccine and Immunization intends to contribute 20 million doses over the next five years.

Joint Annual Conference

September 23-25, 2014

Stoney Creek Inn ~ Columbia, MO



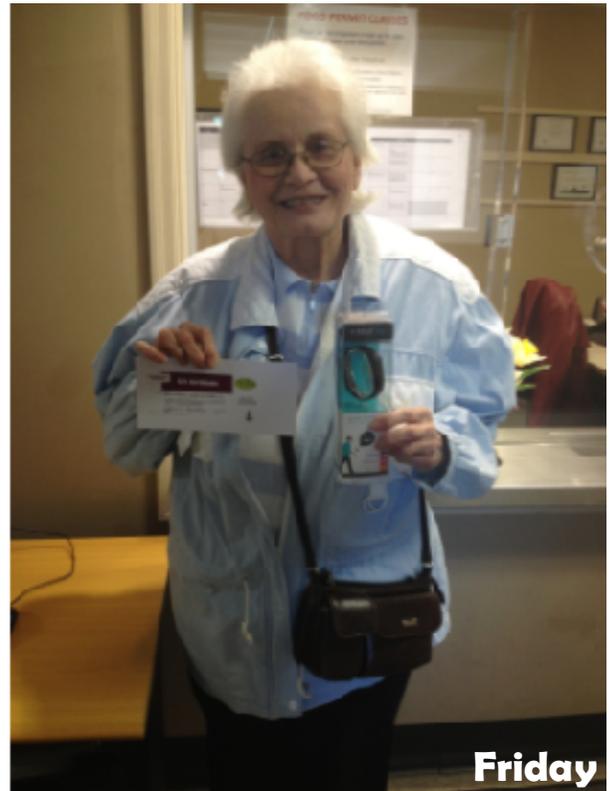
National Public Health Week

April 7-13, 2014

The Independence Health Department hosted several events promoting National Public Health Week.

- **Monday**, the Independence Health Department hosted a gardening class.
- **Tuesday**, community members toured the public health emergency response trailer to highlight all the department is doing to be prepared for disasters.
- **Wednesday**, the department guided walkers on a mile trail near the Health Department.
- **Thursday**, a healthy food demonstration at an Independence healthy corner store showed how the department is working to bring healthier options into food deserts.
- **Friday**, the department gave away a Fitbit activity tracker and a one-year membership to a local gym.

The week of events had a great turnout and encouraged citizens to continue participating in activities that promote health and well-being for themselves and the community.



New MPHA Members

March 2014

*Jacklyn Skaggs, Missouri State University
Mike Jackson, A.T. Still University
Vergil James Guillory, DO, MPH, A.T. Still University*

April 2014

*Shannon Ebron, Saint Louis University Dietetic Intern
Wennekota Tarama, Clay County Public Health Center
Jamie Powers, Clay County Public Health Center
Todd Wiesehan, Missouri State University
Brenda Suhan, Saint Louis University*

May 2014

*Melissa Dockery, Saving Sight
Cassandra Loggins
Kathryn Magers, Schuyler County Health Department
Dr. Patricia Norton, Missouri State University
Dr. Janice Clark, Truman State University
Alicia Towery, St. Louis University
Cameron Lindsey, University of Missouri Kansas City*

June 2014

*Renee St. Vrain, RN
Sharon Neumeister, Mercy*

July 2014

Renata Slayton, Mercy

August 2014

*Ortella Williams, Kansas City Health Department
Tonya Bailey, Kansas City Health Department*

Join MPHA

Are you a member of APHA but not currently a member of MPHA? We need your membership to further the message of public health in Missouri. The benefits of being a member of MPHA include:

- Quarterly newsletter filled with up-to-date information
- Legislative updates on Missouri issues as well as national topics impacting Missourians
- Annual meeting with other public health professionals
- Statewide network of public health professionals

If you are interested in membership in MPHA, please contact Denise Strehlow at dsl9171@bjc.org, 314-286-0504 or complete the attached membership form and return to the MPHA office.

Affiliate Representative to the Governing Council (ARGC)

Denise Strehlow, RD, LD, MPH, MSW

BJC School Outreach and Youth Development

Missouri Affiliate Representative to the Governing Council (MO ARGC)

January 14, 2014



APHA 's Region VII Affiliate Representatives (MINK-Missouri, Iowa, Nebraska, Kansas) meet monthly via conference call. Here is the update from the most recent meetings:

MINK states are partners in the Public Health Training Center Grant application. The grant is being led by Iowa and if funded the University of Iowa will house the Midwestern Public Health Training Center. Each MINK state will have a performance site. Legislative mandates for the Public Health Training Centers include needs assessment, student placement in health departments, and public health training. HRSA stated they will fund one Public Health Training Center in each region.

Missouri, Iowa and Kansas are partners in the Public Health Services and Systems Research application funded by the Robert Wood Johnson Foundation. Other partners include Public Health Research Networks (PBRN) in the states and academic institutions. If funded, financial support will be available for MPHA as well as Missouri Institute for Community Health for their efforts in recruiting participants and disseminating results of the survey. Funding will be available for each PBRN as well.

MINK regional dues of \$200.00 was discussed. The dues would assist in the funding of the MINK Regional conference. The MINK 2015 conference will be in Missouri. A planning group has been convened and will meet via conference call. If you are interested in participating on the planning group, please contact Denise Strehlow at dsl9171@bjc.org or 314-580-8713.

MidYear Meeting Update

The Council of Affiliates (COA) midyear meeting was held in Washington D.C. Eldonna Chestnut (Kansas ARGC) attended representing MINK.

The Affiliate Self-Assessment Survey will remain as a voluntary option for affiliates with the possibility of being used to assist with transition as boards turnover. The APHA Executive Board Liaison for Region VII is Tom Quade and he will be connecting with MINK on issues impacting our region and relaying information to and from APHA to our region. APHA Student Assembly and regional student liaisons

discussed. The initial goal was to get a student liaison with each affiliate. Currently, APHA and COA working on creating the regional student liaison position. Student participation is challenging with the nature of the student population. APHA has a campus liaison position.

APHA 142nd Annual Meeting

The Affiliate Reception will be held on Saturday prior to the opening of the meeting. A donation call will be coming from APHA soon. Donors will be recognized at the reception. All amounts are welcome.

APHA Annual Awards discussed. These include Award for Excellence, Outstanding Affiliate of the Year, and Outstanding Student of the Year.

COA meetings are on Saturday and all affiliate members invited to attend. Affiliate members attending APHA annual meeting are asked to assist in staffing the Affiliate booth. All Affiliates are encouraged to have information available about their Affiliate.

MINK ARGC's will be attending the Region V candidate forum on Friday afternoon. Following the forum, all MINK state attendees are invited to convene at a local restaurant.

If you will be attending the annual meeting, please let me know and I will forward you the restaurant information so you my join your MINK colleagues.

Thank you for the opportunity to represent Missouri .

APHA's 142nd Annual Meeting & Exposition

APHA's Annual Meeting & Exposition is being held in New Orleans, November 15-19. The Annual Meeting serves as the home for public health professionals to convene, learn, network and engage with peers from across all areas of public health. With the Annual Meeting, we strengthen the profession of public health, share the latest research and information, promote best practices and advocate for public health issues and policies grounded in research. This year's theme allows us to reach beyond traditional perspectives as we explore how health challenges are dictated by place. Registration and housing are now open.

Missouri Association of Local Public Health Agencies and Missouri Association of Local Boards of Health

*Truly Agreed and Finally Passed
Bills of Interest to MoALPHA and MALBOAH Members
July 15, 2014*

SUPPORT:

MoALPHA members support laws that keep the public safe, provide resources for programs to prevent health problems, reduce tobacco use, or encourage coordination of efforts to promote health. Such bills include:

HB 2010 - Stream, Rick

Maintain general revenue funding for Aid to Local Public Health contracts with local public health agencies to provide Core Public Health Functions—communicable disease prevention/control, environmental public health, and response to emergencies.
6/24/14 - Governor announced that all funds for Aid to Local Public Health contracts would be withheld until later in the budget year.

HB 1320 - Ellinger, Rory

Excuses breastfeeding mothers from jury service
4/03/2014 –Signed by Governor and delivered to Secretary of State

HB 1411 - Cross, Gary L.

Requires persons less than 17 years of age using a tanning device in a tanning facility to have the parent or guardian of the minor give written consent in person to the minor's use of a tanning device
6/5/14 – Signed by Governor and delivered to Secretary of State

SB 672 - Parson

Modifies provisions relating to businesses, political subdivisions, fire sprinklers, investments, hair braiding, garnishments, asphalt shingles, and Sunday sales and creates the Farm-to-School Program
NOTE: This bill also exempts the City of St. Charles from certain state rules.
7/8/14 - Signed by Governor and delivered to Secretary of State

SB 701 - Lager

Modifies provisions relating to school superintendents, school accountability report cards, career and technical education, and creates the Farm-to-School Program
7/9/14 - Signed by Governor and delivered to Secretary of State

SB 680 – Curls

Modifies provisions relating to public assistance; implements SNAP Farmers Market Pilot Project
6/20/14 - Signed by Governor and delivered to Secretary of State

SB 727 – Chappelle-Nadal

Modifies provisions relating to farmers' market and SNAP benefits; implements SNAP Farmers Market Pilot Project
6/11/14 – Vetoed by Governor
See http://governor.mo.gov/sites/default/files/legislative_actions/veto_letters/SB%20727%20veto.pdf

SB 767 – Schmitt

Allows the creation of a voluntary registry of persons with health-related ailments to assist individuals in case of a disaster or emergency
7/3/14 – Signed by Governor and delivered to Secretary of State

OPPOSE:

MoALPHA members oppose laws that would weaken current protections of the public’s health or would increase illness, death, or disability. This includes any efforts to weaken existing public health protections such as traffic safety, immunization requirements, food safety laws, or laws pertaining to onsite sewage disposal.

We also oppose funding cuts to public health programs, as well as laws that would erode the local property tax base that funds public health agencies.

SB 525 – Cunningham

Modifies provisions relating to food preparation for charitable purposes and prohibits local regulation of cottage food operations
7/2/14 Signed by Governor and delivered to Secretary of State

SB 841 – Wasson

Bans the sale of e-cigarettes to people younger than 18 years of age and exempts nicotine products from other tobacco sales restrictions. Preempts local rules on regulating the alternative nicotine products.
7/14/14 – Vetoed by Governor

Bills of Interest continued

See https://governor.mo.gov/sites/default/files/legislative_actions/veto_letters/SB%20841%20veto.pdf

CONCERNS:

MoALPHA members have concerns about any legislation that would place additional unfunded mandates on local public health agencies, or any measure that would potentially lower the state’s ability to support public health activities. Our agencies are already stretched to the breaking point, and many have cut staff and services.

SB 508 – Parson

Requires that an applicant for a navigator license must take an exam created by the Department of Insurance and submit to a criminal background check
7/7/14 – Vetoed by Governor

See https://governor.mo.gov/sites/default/files/legislative_actions/veto_letters/SB%20508%20veto.pdf

BE AWARE OF:

HCS HB 1426 – Diehl, John

Allows counties to enact provisions relating to the disclosure of personal identifying information during a disaster or emergency.
7/3/14 – Signed by Governor and delivered to Secretary of State

HB 1865 Redmon, Craig

Modifies provisions of law relating to sales and use tax exemptions for utilities used or consumed in the preparation of food. Amended to exclude local government sales taxes. It now applies only to state tax.
6/11/2014 –Vetoed by Governor.

See http://governor.mo.gov/sites/default/files/legislative_actions/veto_letters/HB%201865%20veto.pdf

SB 716

Modifies provisions relating to public health—many provisions, see details below under Other Legislation of Interest
7/10/14 Signed by Governor and delivered to Secretary of State

See <http://governor.mo.gov/sites/default/files/SB%20716.pdf>

SB 754

Modifies provisions relating to health care— many provisions, see details below under Other Legislation of Interest
7/10/14 Signed by Governor and delivered to Secretary of State

See <http://governor.mo.gov/sites/default/files/SB%20754.pdf>

SB 593 – Sater

Modifies provisions relating to nonpartisan elections
7/2/14 – Vetoed by Governor
See http://governor.mo.gov/sites/default/files/legislative_actions/veto_letters/SB%20593%20veto.pdf

SB 808 – Wasson

Modifies provisions of law relating to the licensure and scope of practice for certain professions, including allowing pharmacists to administer hepatitis A, hepatitis B, diphtheria, tetanus, and pertussis vaccines by written protocol authorized by a physician and in accordance with the CDC guidelines rules jointly promulgated by the Board of Pharmacy and the State Board of Registration for the Healing Arts. Additional training is required. Within fourteen days of administering a vaccine a pharmacist shall provide specified information to the patient's primary health care provider.

7/3/14 – Signed by Governor and delivered to Secretary of State

SB 918 – Holsman

Modifies provisions relating to communicable diseases to include Good Samaritans. Bill did not pass. However, the provisions were amended into:

SB 852

7/3/14 – Signed by Governor and delivered to Secretary of State

OTHER LEGISLATION OF INTEREST, HIGHLIGHTED BY SCOTT MARRS

Omnibus Health Bill

SB 716

Modifies provisions relating to public health
7/10/14 Signed by Governor and delivered to Secretary of State

The bill began as legislation giving flu shots to the elderly. Assistant physicians, meningitis vaccinations, telecommunication management for medical test results, submission of blood samples, disclosure of medical records of the deceased and other issues were included.

NOTE: Expands Children’s Health Insurance Program coverage to encompass unborn children in families with incomes up to 300 percent of the federal poverty level whose mothers lack access to coverage of pregnancy-related services (also in SB 754).

Bills of Interest continued

Used Car Sales Tax

SB 693

Modifies provisions relating to taxation, fire sprinklers and merchandising. Exempts used vehicles ten years or older from sales tax. This will impact all local governments.

6/11/14 – Vetoed by Governor

See http://governor.mo.gov/sites/default/files/legislative_actions/veto_letters/SB%20693%20veto.pdf

Caregivers

SB 532 – Nasheed

Modifies provisions relating to educational and medical consent provided by relative caregivers

7/9/14 – Signed by Governor and delivered to Secretary of State

This act allows relative caregivers, acting under an affidavit, to consent to medical treatment and educational services for a minor child with whom such caregiver lives if consent of the legal parent or guardian cannot be obtained through reasonable efforts. A parent may also delegate such consent authority to the relative caregiver in writing.

The current provision specific to consent for immunizations of a child is repealed and replaced with provisions relating to relative caregivers providing educational and medical consent.

Other Healthcare Legislation

Revises waiting periods and net worth eligibility standards for the Children’s Health Insurance Program to comply with federal law (SBs 508, 754)

- Authorizes the production and use of hemp extract and its cannabis oil to reduce intractable epileptic seizures (HB 2238)
- Requires that mammography patients be notified of the potential implications of dense breast tissue for the examination results, beginning Jan. 1, 2015 (SB 639, SB 754)
- Expands the mandate for meningitis vaccination (SB 567, SB 754, SB 716)
- Directs licensed hospitals to offer influenza vaccinations to the elderly during flu season (SB 716, SB 567, SB 754)

Infection Control and Response

- Authorizes state grants that would match city or county spending to create clinics in medically underserved areas. Funded clinics must use state-licensed “assistant physicians” providing primary care services under a collaborative practice arrangement with a physician. (SB 716, SB 754)
- Allows practitioners to receive state sponsored liability insurance coverage through the State Legal Expense

Fund when providing volunteer services at certain community clinics; currently such coverage is limited to volunteer services provided at free clinics (SB 508, HB 1231, SB 754)

- Directs that hospitals and ambulatory surgical centers establish an antibiotic stewardship program for evaluating the use of antibiotics and report their results quarterly for publication on a state website (SB 910)
- Authorizes a physician assistant to enroll as a Medicaid provider while acting under a supervision agreement with a physician (SB 808, SB 716)
- Repeals the MO HealthNet Oversight Committee and changes the duties and staffing of a joint legislative committee on Medicaid (SB 575)
- Calls for a state-sponsored study of the implications of mandating insurance coverage for treatment of eating disorders (SB 754)
- Prohibits health care professionals or their staff from being required by law to ask patients about their firearm ownership or access, to document firearms information in medical records or to notify governmental agencies of patients identified solely by their access to firearms (SB 656)
- Specifically permits health care professionals to ask about and document patients’ access to firearms as medically indicated by the practitioner’s judgment but limits the circumstances under which health care professionals or others may disclose information about a patient’s firearm access gleaned from the physician/patient relationship (SB 656)
- Prohibits licensed health care providers from using an electronic medical record system that requires the entry of data about a patient’s access to firearms (SB 656)
- Authorizes licensure of assistant physicians, who are medical school graduates who have passed certain licensure examinations but have not completed a medical residency. They will provide primary care services in medically underserved areas under a collaborative practice arrangement with a physician. (SB 716, SB 754)
- Requires health insurance “navigators” to pass a state licensure examination and submit to a criminal background check based on fingerprints (SB 508)

The Right to Save Your Own Life

*Paid for by Friends of Jay Barnes, Kirk Farmer-Treasurer
Barnes for Missouri*

Imagine you've been diagnosed with a terminal disease. You exhaust all the treatment options currently available to save your life, but none work. Then you learn of a potential new treatment that's been proven reasonably safe and has shown promise, but hasn't been approved by the federal government for widespread use.

Would you want to try the new treatment? I would. Depending on its relative risk, you might even be willing to try a promising drug that hadn't yet passed safety inspection.

Unfortunately, this isn't a hypothetical. It's a nightmare that many Americans must endure every year as their survival hinges on FDA approval of drugs designed to save people from terminal illness. While new drugs crawl through the FDA approval process, Americans with terminal diseases die waiting.

FDA approval is a three-step process. In Phase I, a potential new drug is tested for safety among a small group of test subjects. In Phase II, the drug is tested for its effectiveness in a small group. Finally, in Phase III, the drug is tested for safety and effectiveness in a large group.

Generally, if you're not in the clinical trial group, you're out-of-luck. And good luck getting into the trial group. According to the Goldwater Institute, an estimated 97 percent of patients with the worst diagnoses are either ineligible because of the stage of their disease or they don't have a way to participate in a clinical trial.

This fundamental injustice was the subject of *Dallas Buyer's Club*, a recent hit movie starring Matthew McConaughey who plays Ron Woodruff, a desperate AIDS patient who takes and distributes AIDS

treatments that aren't approved by the FDA in the 1980s. Woodruff finds a drug that seems to work for him – and then creates a “buyer's club” to help others access the same treatment.

Thanks largely to the efforts of AIDS activists in the 1980s, the FDA tweaked the drug approval process to allow for greater participation in drug trials for people diagnosed with terminal diseases. Today, a desperate patient can petition the FDA for permission to receive a drug outside of a clinical trial. But the procedure is cumbersome and expensive. According to the FDA, a single application from a doctor should take around 100 hours to complete.

Rep. Jim Neely understands the problems with FDA approval of new treatments for terminal patients. A practicing physician who grew frustrated with slow approval of AIDS treatment drugs in the 1980s, Dr. Neely also has personal experience with this unjust bureaucracy. His daughter Kristina is fighting Stage IV colon cancer and has been trying, unsuccessfully, to participate in clinical trials.

With these experiences in mind, Dr. Neely continued the work he's been doing for patients his entire career. He did his best to improve their condition – this time in a different arena – by sponsoring House Bill 1685. Though the bill, unfortunately, cannot force the FDA to change its rules, it removes all barriers in state law for patients with terminal illnesses to gain access to potential life saving drugs that have not yet been approved. It does so by permitting drug companies to sell experimental treatments that have passed Stage I testing to patients with terminal illnesses who have considered all other treatment options, given their informed consent,

and received a prescription from their physician. It also insulates physicians who prescribe new treatments from lawsuits or professional discipline as a result of prescribing such drugs unless there's evidence of gross negligence or willful misconduct.

While a stringent FDA approval process makes sense for non-life threatening diseases and widespread sale of new drugs, it defies logic to forbid Americans who are about to die from taking drugs that might work. HB 1685 isn't about Viagra or even more serious qualify-of-life drugs. It's about potential life-savers, and it furthers the foundational premise of our Republic – that we are all endowed by our Creator with *an unalienable right to life*.

In the last week of session, HB 1685 passed unanimously, making Missouri the first state to adopt what many have called “right to try” legislation. For Missourians caught in these terrible situations, it removes all state-based obstacles. And though its impact is limited to our state and we cannot force the FDA to adopt a more flexible stance, Dr. Neely's bill may be the first step toward what would be more precisely called a “right to try to save your own life” law.

Tobacco Free Missouri

Linda Cooperstock, MPH



TobaccoFree Missouri is pleased to announce that after a 10 month waiting period, TFM has been acknowledged by the IRS as a public charity and therefore is exempt from paying Federal income tax under section 501(c)3.

TFM is updating its strategic plans and goals including a more vigorous Facebook presence and will include some fundraising activities. The group is watching a number of issues including the following:

- Communities throughout the state that are working on tobacco-free ordinances
- Any preemption language that may be included in state bills
- Any states and communities enacting laws to protect our youth by increasing to 21 years the legal age to purchase any tobacco and non-FDA approved nicotine products
- FDA regulation of nicotine delivery products including e-cigarettes.
- Definitions of cigars, vapor products, e-cigarettes, and other nicotine delivery items, as the definitions can change how they are taxed and purchased.
- State and community actions regarding the status of casinos in tobacco-free legislation Linda Cooperstock, MPH.

President's Message continued

two excellent and timely sessions. Please go to the MPHA web page (<http://www.moph.org/>) to see the complete conference brochure and registration information. I hope you will join us for what promises to be a wonderful conference!

The Region VII regional affiliate, Missouri, Iowa, Nebraska and Kansas (MINK), annual meeting will be held in Missouri this year. For more information please see the ARGC Update. We hope that with the meeting being in our home state that it may be possible for many of you to attend. Past conferences have been very good. It has been an excellent forum for all of the states to learn from each other. The date and location is being finalized so that information will be forthcoming. Please come if you can!

I would like to enthusiastically welcome our newest MPHA members Jacklyn Skaggs, Mike Jackson, Vergil James Guillory, Shannon Ebron, Wennekota Tarama, Jamie Powers, Todd Wiesehan, Brenda Suhan, Melissa Dockery, Cassandra Loggins, Kathryn Magers, Dr. Patricia Norton, Dr. Janice Clark, Alicia Towery, Cameron Lindsey, Renee St. Vrain, Sharon Neumeister, Renata Slayton, Ortella Williams and Tonya

Bailey who have joined MPHA since our last newsletter! We thank you for your commitment to MPHA and we all very much look forward to working with you.

Besides what has already been mentioned, there are very informative articles in the newsletter on legislative updates, policy watch, bills of interest, news release, a report from Tobacco Free Missouri and a very interesting article titled, "The Right to Save Your Own Life." Please take a few minutes to look them over.

I would also like to bring attention to the scholarships that are listed on page 16 of the newsletter. We encourage all eligible parties to apply and/or share the information. I would like to bring particular attention to the "Leuthen - Brunner Local Public Health Agency Scholarship." This scholarship has funds that can be used by Local Public Health Agencies to help pay PHAB or MICH accreditation fees. If you are considering either one of these accreditations, we encourage you to seriously consider applying for this scholarship. We hope you take advantage of these scholarship opportunities.

In each president message that I have written, I have highlighted the work of

at least one person. This is my last president message since my term will be up in September. I cannot exit without expressing my sincerest and heartfelt gratitude to Sandy Boeckman, the Executive Director of MPHA for all of her assistance these last two years. Sandy is a very gifted and talented person who is very good at what she does! She has helped me tremendously as president and made my job much easier. It has been a joy to work with Sandy and I would occasionally tell her that she was AWESOME so she would not forget it. Sandy, in this public forum I have one thing I would like to say, you are truly AWESOME!! Thank you for all that you did to help me and for all that you do for MPHA!

It has truly been my sincere pleasure and honor to have served you as MPHA president. I look forward to continuing to serve with you as we strive to make public health in Missouri the very best it can be.

Take care!

-Dalen



News Release

US Department of Health & Human Services-New Division
202-690-6343
media@hhs.gov
www.hhs.gov/news

FOR IMMEDIATE RELEASE

Wednesday, June 18, 2014

Missourians paid an average of \$45 per month after tax credits for silver plans in the Marketplace in 2013-2014

New report shows premium affordability, competition and choice for Marketplace shoppers

A new report released today by the Department of Health and Human Services (HHS) finds that Missourians who selected silver plans, the most popular plan type, with tax credits paid an average premium of \$45 per month. In Missouri, 77 percent of enrollees who selected Marketplace plans with tax credits had premiums of \$100 a month or less, and 57 percent of \$50 a month or less after tax credits. Today's report also looks at competition and choice nationwide among health insurance plans in 2013-2014, and finds that most individuals shopping in the Marketplace had a range of health plans from which to choose, and that competition lowers premiums.

"What we're finding is that the Marketplace is working for Missourians. Consumers have more choices, and they're paying less for their premiums," said Health and Human Services Secretary Sylvia Burwell. "When there is choice and competition, everybody benefits."

According to today's report, on average, monthly premiums for Missourians who selected plans with tax credits fell 83 percent after tax credits, dropping the cost of the average monthly premium from \$344 before tax credits to \$59 after tax credits across all plan types. Missourians who selected silver plans, the most popular plan type, with tax credits paid an average premium of \$45 per month.

The Marketplace is also providing consumers more easily comparable, quality health plan choices than ever before. In 2014, there were a total of 266 issuers in the Marketplace by state, offering over 19,000 Marketplace plans across all ratings areas, excluding catastrophic plans. Overall, 96 percent of people eligible to purchase a qualified health plan could choose from 2 or more health insurers in the Marketplace. In 2013-2014, new issuers represent almost 26 percent of all issuers in the Marketplace nationwide, and the new Consumer Operated and Oriented Plans (CO-OPs) tended to have lower premiums than other plans. Early reports from states across the nation suggest that additional issuers will be entering the Marketplace in 2015.

Today's report demonstrates that the new tax credits are working as intended to make premiums affordable, and the Marketplace is bringing much-needed competition to the insurance market. In addition, the Affordable Care Act includes a number of other provisions to keep premiums affordable. The rate review grant program provides states with resources to enhance their rate review programs. HHS has previously awarded \$1,000,000 to Missouri to enhance its rate review program. Since the passage of the law, nationwide the proportion of insurance company requests for double-digit rate increases was cut by more than half. Nationally, consumers saved nearly \$1.2 billion on their premiums in 2012 when compared to the amount originally requested by insurers. Health insurance companies also now have to spend at least 80 cents of your premium dollar on health care or improvements to care, or provide a refund. In 2012, 457,019 Missourians received \$19,186,415 in refunds – with the average Missourians receiving a refund of around \$72 per family.

To read today's report visit: <http://aspe.hhs.gov/health/reports/2014/Premiums/2014MktPlacePremBrf.pdf>

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“Health Impact Assessment”

Wednesday, June 11, 2014 at Stoney Creek Inn, Columbia



MPHA Foundation Scholarships

Established in 1995, the Education Foundation receives funds that promote a higher awareness and knowledge of public health, to educate public health professionals, community leaders, and communities about public health issues, and to honor Missouri public health leaders by awarding scholarships in their name. In addition to giving scholarships, the Foundation supports awards to public health professionals and students, as well as educational programs to promote quality public health for Missouri.

Edna Dell Weinel Scholarship

Edna Dell Weinel Scholarship provides the opportunity for practicing public health professionals to participate in this lifelong learning process. This scholarship, the value of which is dependent upon the request and need of the applicant(s), not to exceed \$750, is available for public health workers to develop in their profession through educational meetings, professional credentialing, seminars or through traditional academic course work.

Jackie Liesemeyer Nursing Scholarship

Jackie Liesemeyer was a Community Health Nurse who worked for more than 20 years in various positions in the Central District Office of the Missouri Department of Health. Jackie’s spirit of independence and self-reliance was reflected in her approach to her clients, individuals, program representatives and local health units. She provided the information, support and encouragement that fostered growth and the ability to do for oneself all that was possible in the spirit of community health nursing. Jackie is honored with a \$750 nursing scholarship in her name that will enable others to enhance public health in Missouri. One scholarship is awarded at the MPHA Annual Meeting, usually held in the Fall.

Health Professional Scholarship

The \$750 Health Professional Scholarship is available for a MPHA member who is working on an undergraduate or graduate degree in a public health related field which will further their career. Examples of fields of study include: administration, epidemiology, health education, nursing, health promotion, etc.

Leuthen – Brunner Local Public Health Agency Scholarship

Leuthen–Brunner Local Public Health Agency Scholarship grant honors Ron Leuthen and Phil Brunner, former MPHA members who worked tirelessly to advance local public health in Missouri. This award is designed to assist local public health agencies towards voluntary accreditation through Missouri Institute for Community Health or National Public Health Accreditation Board. This is a one-time grant for local public health agencies. The \$750 scholarship will be awarded at the annual MPHA Meeting.

Applicants may apply an unlimited number of times for each of our scholarships providing they qualify under the established requirements and have not been a previous recipient. More detailed information can be found on the MPHA website at <http://www.mopha.org/>

MPHA Foundation Education Scholarships 2014 Applications Received Until September 1, 2014.

The MPHA Education Foundation awards four scholarships annually to Missouri public health professionals, students and local public health agencies. Scholarship applications are due no later than September 1st, and will be awarded at the annual public health conference on September 24th. The following information provides a brief overview of each scholarship. Please go to <http://www.mopha.org/scholarships-awards.php> for details, applications and eligibility requirements.

- Cindy Leuthen, MPHA Education Foundation Chair



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YES **MPHA MEMBERSHIP**



I want to help fulfill MPHA's mission to promote health in the State of Missouri

Regular Membership \$50.00

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I'd Like to make a donation to the MPHA Educational Foundation \$_____

Name: _____
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(check one)*

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- Health Official
- Environmental Health
- Other: _____
- Public Health Nursing
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- Support Services
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I'd like to serve on the following committees:

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- History

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Check enclosed Invoice my organization: PO# _____
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Mail completed form to MPHA, PO Box 126, Jefferson City, MO 65102. If you have questions call 573-634-7977.