

MEMO

To: Kitsap Public Health Board

From: Keith Grellner, Administrator

Date: November 30, 2016

Re: 2017 Kitsap Public Health District Legislative and Rulemaking Priorities

Please find below for your review and approval the 2017 Kitsap Public Health District Legislative and Rule Making Priorities for the upcoming 2017 state legislative session. Health Board approval of these legislative priorities allows the Health District's Executive Leadership Team to advocate for (or against) priority legislation/rules as described herein.

The District's proposed 2017 legislative/rulemaking priorities are:

1. Support Foundational Public Health Services (FPHS) Funding, and Oppose Reductions in Funding for Existing Local Public Health Jurisdictions Services.

Description: Statutorily-directed revenues are needed to ensure that mandated and critical public health services --- such as disease and illness investigations --- are sufficient now and in the future. The state public health system (including, but not limited to state Department of Health, state Board of Health, local health jurisdictions, Washington State Association of Local Public Health Officials, etc.) has developed an agreed upon set of core services that the state should financially support so that all Washingtonians have equal access to public health programs and services. Many of these core services are required by statute. Although Washington's population has grown by more than one million residents since 2000, public health funding has decreased by 40% during that same period when adjusted for inflation and population growth. The state public health system will be asking the legislature to provide \$25 million/year to local health jurisdictions to replace this lost funding, to be used primarily for communicable disease monitoring and prevention and chronic disease and injury prevention. Mayor Lent and Commissioner Gelder are both active members of the state FPHS Policy Advisory Committee.

Furthermore, during the past two sessions, the Legislature has considered cuts to programs like the Model Toxics Control Act (MTCA) which funds solid waste enforcement and site

hazard assessment work conducted by local health jurisdictions. As noted above, local public health funding is already inadequate, and additional funding reductions cannot be managed without significant cuts in service programs the public has come to depend on.

There is also some concern that existing statutes authorizing local health jurisdictions to adopt fees to support state-mandated on-site sewage system local management plan implementation (RCW 70.118A) may be amended to inhibit local fee promulgation.

2. Increase the Legal Age to Use Tobacco from 18 to 21 (“Tobacco 21”).

Description: The State Attorney General, working with the Washington State Department of Health and a coalition of health groups, is again working to raise the age of purchase of tobacco statewide, which would curb youth access. Ninety percent of individuals who purchase cigarettes for distribution to minors are younger than 21 years of age. Raising the age is also important because we know that almost all regular smokers in our state begin using tobacco products before they are 21. The Health Board adopted Resolution 2016-12, Calling Upon the Washington State Legislature to Pass Legislation Raising the Sales Age for Tobacco and Vapor Products to 21 Years, in September 2016.

3. Safe Medicine Return and Disposal.

Description: Improved and viable options are needed for the safe collection and adequate disposal of unused and unwanted medications *statewide*, and stable, adequate funding is needed to support the implementation of improved safe medicine return programs. The program should be funded by the pharmaceutical industry. Several localities/local health jurisdictions (Public Health Seattle-King County, Snohomish Health District, City of Bellingham) have already adopted such programs, and several others (Tacoma-Pierce County Health Department, Kitsap Public Health District) are also considering similar programs. Representative Strom Peterson is considering proposed legislation that would create a statewide safe medicine return program. Proposed legislation should not preempt or undermine existing local regulations.

4. Prescription Drug Monitoring.

Description: Granting public health agencies access to prescription drug monitoring program data will provide the information needed for public health agencies to assess and report drug prescription trends. Monitoring drug prescription practices will provide decision makers and substance abuse prevention programs with information they need to implement policy and system changes to reduce drug addiction in their communities. In addition, creating linkages between the prescription drug monitoring program and the Emergency Department database (EDIE) will ensure that overdose episodes are reported to prescribing physicians.

5. State Opioid Response Plan.

Description: Support efforts to fund and implement the state Opioid Response Plan to effectively combat the opioid epidemic. Goals of the plan are to prevent misuse and abuse; treat abuse and dependence; prevent deaths from overdose; and use data to detect misuse and abuse, monitor morbidity and mortality, and evaluate interventions. This priority is a companion to the prescription drug monitoring and safe medicine return priorities.

6. Implement State Board of Health Rules for School Environmental Health and Safety (WAC 246-366A).

Description: A state budget proviso has prohibited the implementation and use of the new School Environmental Health and Safety Rules since 2009 due to inadequate funding. The new rules are needed to improve the health and safety of school environments, including but not limited to the testing of water supplies for lead and copper contamination. Implementation of the improved rules should not be held up any longer.

Recommended Action

The Health Board may wish to make the following motion:

The Board moves to approve the Health District's 2017 Legislative and Rulemaking Priorities.

If you have any comments or questions, please contact me at keith.grellner@kitsappublichealth.org or (360) 625-5284.