

Accreditation and Policy Education Toolkit

The legislative session gives us the opportunity to educate policy makers to the public health impacts of proposed legislation. This toolkit may be helpful for you all as you make progress toward accreditation and helpful to support the Coalition of Local Health Officials' work in the capitol to support the local public health system. This toolkit is meant to be a guide for providing education on the public health impacts of proposed legislation.

In the PHAB Accreditation Standards and Measures Version 1.0, there are two measures where this toolkit may be especially helpful: 5.1.3 and 11.2.4 (and potentially others depending on your health department's work). The following toolkit describes current legislation that your health department could use in policy education to fulfill these accreditation requirements. This is not an exhaustive list of bills but a handful that are ripe for education.

Find the PHAB Standards and Measures Version 1.0 here:

<http://www.phaboard.org/accreditation-process/public-health-department-standards-and-measures/>

The information in this toolkit captures a specific point in time for these proposed bills. Bills are amended and change regularly. Please read the most up to date version of the bill. The talking points for each bill may also change and are based on testimony and fact sheets from the bill's sponsors. If you have questions please contact Morgan Cowling at morgan@oregonclho.org or Erin Mowlds at erin@oregonclho.org.

PHAB Measure 5.1.3.A

PHAB national accreditation documentation requirements for 5.1.3 require that the local health department documents informing governing entities, elected officials, and/or the public of potential public health impacts, both intended and unintended, from current and/or proposed policies. See pages 116 and 117 in the Standards and Measures Version 1.0 for specific information about this documentation requirement.

Current Legislation:

Potential areas to educate policy makers (legislators and commissioners) as to the public health impact of proposed policies: communicable disease prevention, obesity prevention, environmental health and injury prevention.

Communicable Disease Prevention/Immunizations:

SB 132

Changes certain documentation that must be submitted to school administrator for purpose of opting out of immunizations.

<https://olis.leg.state.or.us/liz/2013R1/Measures/OverView/SB132>

Talking Points:

- Currently, for those parents who choose to exempt out of the school and child care vaccination requirements due to personal beliefs, there is only a signature from a parent required, not a medical provider.
- This bill would provide medically-based immunization education so parents can make an informed decision when they consider exempting their child from school immunization requirements.
- This bill also clarifies current language and replaces the type of exemption as religious to “non-medical”.

Supporting Materials:

<http://oregonpediatricsociety.org/advocacy/oregonians-for-healthy-children/immunization-education-campaign/>

SB 167A

Allows Public Health Director to authorize pharmacists to administer vaccines to persons three years of age or older during disease outbreak or public health emergency.

<https://olis.leg.state.or.us/liz/2013R1/Measures/OverView/SB167>

Talking Points:

- This bill would provide the Public Health Director with the authority to authorize pharmacists to administer vaccines to children 3 years of age or younger in the case of an official outbreak or emergency.
- Currently, pharmacists in Oregon can immunize children over the age of 11, and ages 10 and under with a prescription. In the case of an official outbreak or emergency, this bill will allow pharmacists to immunize children age 3 and older without a prescription.
- This bill would allow pharmacies to assist in vaccinating the public to contain the outbreak or address an emergency.
- The state of Washington has no age limits for pharmacists to immunize: it did not take them any time to get pharmacists on board for the 2013 Influenza Epidemic.

Supporting Materials: None currently available

Environmental Health

HB 3162

Requires Oregon Health Authority to maintain list of designated high priority chemicals of concern for children's health used in children's products.

Please read the most up to date version of the bill: <https://olis.leg.state.or.us/liz/2013R1> If you have questions please contact Morgan Cowling at morgan@oregonclho.org

<https://olis.leg.state.or.us/liz/2013R1/Measures/Overview/HB3162>

Talking Points:

- The Toxic Disclosure for Health Kids Act is an important first step in protecting our community's most vulnerable—infants and children—from exposure to carcinogens, endocrine disruptors and other harmful chemicals in everyday products.
- The bill does the following:
 - Establishes a science-based list of the highest priority chemicals of concern to children's health
 - Requires manufacturers to notify the Oregon Health Authority when children's products sold in Oregon contain these chemicals (including toys, jewelry, cosmetics, car seats, and items used for feeding and teething)
 - Authorizes the Oregon Health Authority to collect and track this data; and
 - Requires manufacturers to replace harmful chemicals with safer alternatives

Supporting Materials:

<http://www.oeconline.org/our-work/smart-policy/2013-legislative-priorities/toxics-disclosure/toxics-disclosure-endorsements>

HB 2131A

Requires certain information pertaining to bedbug infestations to be held confidentially by public health authorities and exempts information from disclosure under public records law.

<https://olis.leg.state.or.us/liz/2013R1/Measures/Overview/HB2131>

Talking Points:

- House Bill 2131 would allow Local Health Authorities to collect data from pest management companies who volunteer to make a report. It would allow them to tell public health professionals where they are applying bedbug pesticides without fear of harm to their customers.
- The county's health inspection records that are public today will still remain public. No public record is impacted.
- This bill provides a protection similar to that given to other public health information and used for public health analysis.
- This bill removes barriers to collecting data by ensuring privacy to the families and businesses that deal with infestations through no fault of their own.

Supporting Materials: None currently available

Injury Prevention

SB 384 A

Requires Oregon Health Authority to prescribe criteria for training on treatment of opiate overdose and specifies requirements for training.

<https://olis.leg.state.or.us/liz/2013R1/Measures/OverView/SB384>

Talking Points:

- This bill expands access to naloxone. In concept, this bill is similar to current Oregon law that allows lay people to treat severe allergic reactions with epinephrine.
- The bill allows public health departments and other organizations to train laypeople to recognize and treat opiate overdose. This includes authorizing these laypeople to receive, possess and use naloxone.
- The bottom line is that opiate overdose deaths are preventable. This bill creates important tools to respond to Oregon's opiate crisis. I am confident that this bill will save lives of Oregon.

Supporting Materials: None currently available

Obesity Prevention

HB 2331

Relating to the taxation of sugar-sweetened beverages; appropriating money; prescribing an effective date; providing for revenue raising that requires approval by a three-fifths majority.

<https://olis.leg.state.or.us/liz/2013R1/Measures/Overview/HB2331>

Talking Points:

- The proposal would take shape as an excise tax on distributors equal to a half-cent per liquid ounce of sugar-sweetened drinks, not including diet sodas.
- The money would go toward obesity prevention programs such as adding physical education funding to public schools, farm to school programs and expanding food assistance vouchers under the federal WIC program.

Supporting Materials:

http://www.thelundreport.org/resource/soda_tax_on_the_menu_for_oregon_legislature

PHAB Measure 11.2.4.A

PHAB Accreditation documentation requirements for 11.2.4 require the health department to provide two examples of communicating the need for additional investment in public health. Examples could be articles or letters to the editor of a newspaper, presentations to the community, or testimony. Letters, articles, presentations, or testimony can be issue specific or may address public health in general. Please see the PHAB Standards and Measures Version 1.0 page 241 for specific information about this documentation requirement.

Current Legislation:

HB 5030

Appropriates moneys from General Fund to Oregon Health Authority for certain biennial expenses.

<https://olis.leg.state.or.us/liz/2013R1/Measures/Overview/HB5030>

Talking Points:

- The Oregon Health Authority houses the Public Health Divisions' budget, the Division of Medical Assistance Programs, Addiction and Mental Health and other Health Programs.
- Many federal funding streams including WIC and the Maternal and Child Health Block Grant are allocated to local public health through the Public Health Division.
- Local public health receives several state general fund funding sources through the budget including: State Support for Public Health, Babies First!, and Schools Based Health Centers to name a few.
- Legislators can be educated as to the importance of state funding for local public health.

Supporting materials:

<https://olis.leg.state.or.us/liz/2013R1/Downloads/CommitteeMeetingDocument/3614>
Presentations found at <https://olis.leg.state.or.us/liz/2013R1/Measures/Exhibits/HB5030>

HB 2870A

Removes prohibition against imposition of taxes by county on cigarettes and tobacco products. Requires at least 40 percent of any tax imposed by county on cigarettes or tobacco products to be used for public health programs or services and mental health and addiction services.

<https://olis.leg.state.or.us/liz/2013R1/Measures/Overview/HB2870>

Talking Points:

Please read the most up to date version of the bill: <https://olis.leg.state.or.us/liz/2013R1> If you have questions please contact Morgan Cowling at morgan@oregonclho.org

- This bill would lift the preemption against county's to raise local tobacco taxes.
- This bill would also require that 40% of the revenue generated be invested into public health programs and services and mental health and addiction.
- This would be an important local tool for raising revenue to support local public health.

Supporting Materials: None currently available

HB 2136

Directs that moneys received under Master Settlement Agreement be distributed to Oregon Health Authority Fund and to Tobacco Use Reduction Account. Continuously appropriates moneys deposited in Oregon Health Authority Fund for health care initiatives.

<https://olis.leg.state.or.us/liz/2013R1/Measures/Overview/HB2136>

Talking Points:

- Since the Tobacco Master Settlement Agreement was signed in 1998, not one penny of the Tobacco Master Settlement agreement has been invested into the Tobacco Prevention and Education Program.
- HB 2136 would invest 10% of the available Tobacco Master Settlement Agreement funding into the TPEP program.
- The CDC recommends that tobacco prevention funding in Oregon be at \$43 million per year, far beyond Oregon's current investment of \$7.5 million.

Supporting Materials: None currently available

HB 2275

Increases cigarette tax. Applies increase to cigarettes distributed on or after January 1, 2014, and to existing inventories of cigarettes not yet acquired by consumers as of January 1, 2014.

<https://olis.leg.state.or.us/liz/2013R1/Measures/Overview/HB2275>

Talking Points:

- The Statewide tobacco tax is currently allocated to the state general fund, the Oregon Health Plan, Cities, Counties, ODOT/ Special Transit and the Tobacco Use Reduction Account (TURA). This bill is a \$1 increase per pack from the current \$1.18 to \$2.18.
- An increase in the tobacco tax would increase the amount available to support the Tobacco Prevention and Education Program through the TURA account.

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- An increase in the tobacco tax would also increase the amount of shared revenue to counties, which the Board of County Commissioners could invest into local public health at a local level.
- This bill currently has blanks in the percentage to each area. Your education could include suggestions for investments into counties and TURA.

Supporting Materials: None currently available

Policy Education Tools & How to Get More Involved:

- Educate your Board of Health on this current legislation
- Work with current government relations person at your county
- Send an email to your Representative or Senator educating them on important public health issues.
- Submit written testimony to the committee for the bill
- Testify: If you are interested in testifying, please contact Morgan Cowling at morgan@oregonclho.org

Tools available here including How to Write a Letter to the Editor, How to Testify Before a Committee, and How to Write an Opinion Editorial:

<http://www.oregonclho.org/legislative-tool-kit.html>