PHAB Domain 6: Public Health Law Webinar Series

Webinar 2: Updating Public Health Laws for PHAB Accreditation

Association of State and Territorial Health Officials
May 9, 2018

Dial In: 1-800-289-0462
Passcode: 870308
Vision
State and territorial health agencies advancing health equity and optimal health for all.

Mission
To support, equip, and advocate for state and territorial health officials in their work of advancing the public’s health and well-being.
Acknowledgement of Funding

• ASTHO’s PHAB Domain 6 Webinar Series is supported by funds made available from the Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support (proposed).
Webinar Logistics

• All lines are muted
• Questions via chat box
  • Indicate who the question is for, if applicable
  • Questions answered at the end of the webinar
• Sharing a conference room with others? Please type their information (name, organization, e-mail) into the chat box to “chairperson”
• Post-webinar evaluation
• Webinar slide deck and recording will be posted to www.astho.org within the next week
Webinar 3/3: Updating Public Health Laws for PHAB Accreditation

May 23rd, 2:00 – 3:30 pm

More information at: http://www.astho.org/events.aspx
Presenters

Caitlin Lang, MPH
Health Policy Analyst
Washington State Board of Health

Dawn Hunter, JD, MPH
Deputy Cabinet Secretary
New Mexico Department of Health
Presenters Continued

Leah Silva, JD
Director, S/T Performance Improvement
ASTHO
Domain 6: Enforce Public Health Laws

• Enforcement is a small part of the standards and measures of Domain 6

• Think about public health laws broadly:
  • Statutes, regulations, rules, executive orders, case law, codes, contracts, and MOUs

• Think about health broadly:
  • Beyond vaccines, e-cigarettes, and opioids
  • “Health in all Policies” mindset: housing, transportation, environmental health, corrections, education, zoning, discrimination, civil rights, and health equity
Standard 6.1:
Review Existing Laws and Work with Governing Entities and Elected/Appointed Officials to Update as Needed

• Measure 6.1.1: Review Laws
  • Evaluate for consistency with evidence-based and promising practices
  • Assess impact on health equity
  • Use standard review methodology
  • Work with key stakeholders
  • Collaborate with other levels of health departments

• Measure 6.1.2: Provide Advice on Impact and Changes
  • Written recommendations to governing entity and/or elected/appointed officials concerning amendments or updates to current laws and proposed laws
Health Impact Reviews

Washington State Board of Health and Governor’s Interagency Council on Health Disparities

May 9, 2018
Health Impact Reviews (HIR) history

Health Impact Review framework & example

Health Impact Review growth and benefits
HEALTH IMPACT REVIEW HISTORY
History

2004/2005
- Legislative Champion (Senator Rosa Franklin)
- Joint Select Committee on Health Disparities
- Committee made recommendations incorporated into legislative proposals (2006)

2006
- Legislation creating the Governor’s Interagency Council on Health Disparities and Health Impact Reviews

Social Determinants of Health Approach
Health & Equity in All Policies
HEALTH IMPACT REVIEW FRAMEWORK & EXAMPLE
Health Impact Reviews
RCW 43.20.285

Proposal

Governor

Legislators

HIR Example:

SB 6529
Protecting agricultural workers and community members from pesticides
Review Process

Proposal → Intermediate Outcomes → Health Impacts

HIR FRAMEWORK
Summary of Provisions:

1) Would require the Washington State Department of Health (DOH) to create a publicly available pesticide use reporting system

2) Would require DOH to notify all child care centers, schools, and individuals requesting notifications within ¼ mile of the application site at least two hours before the pesticide application occurs
SB 6529 Review

Explore potential pathways:

1) Conduct initial literature review
2) Review committee testimony and documents relevant to bill
3) Draft potential logic model
4) Contact subject matter experts and key stakeholders

Initial logic model draft focused on notification system

HIR FRAMEWORK
SB 6529 Logic Model

Final logic model focused on the pesticide use reporting system

Pathway 1

Pesticide applicators submit pesticide use records on a monthly basis to DOH

DOH publicly publishes pesticide use data

Increased pesticide information and data available to researchers, local health jurisdictions, policy makers, and other stakeholders

Increased analyses of pesticide application events

Improved understanding of pesticide use, potential exposure, risk factors, and associated health outcomes

Changes to and adoption of pesticide application policies and practices that reduce exposure

Reduced acute and chronic pesticide-related health outcomes

Reduced health disparities
Strength-of-Evidence Criteria

VERY STRONG EVIDENCE
STRONG EVIDENCE
A FAIR AMOUNT OF EVIDENCE
EXPERT OPINION
INFORMED ASSUMPTION
UNCLEAR IMPACT
INDETERMINATE
NOT WELL RESEARCHED

Add and define criteria as necessary

HIR FRAMEWORK
SB 6529 Strength-of-Evidence

Pathway 1

**KEY**

- Informed Assumption
- Not Well Researched
- A Fair Amount of Evidence
- Strong Evidence
- Very Strong Evidence

Pesticide applicators submit pesticide use records on a monthly basis to DOH

- DOH publicly publishes pesticide use data
- Increased pesticide information and data available to researchers, local health jurisdictions, policy makers, and other stakeholders
- Increased analyses of pesticide application events
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- Reduced acute and chronic pesticide-related health outcomes
- Reduced health disparities
Review Format

Executive Summary

Analysis of Health Impacts

Annotated References

HIR FRAMEWORK
HEALTH IMPACT REVIEW
GROWTH & BENEFITS
Council and HIR legislation passed

2006

2007–2009

Seven HIRs requested

2009–2013

HIR funding suspended

2013–Present

HIR funding reinstated and 59 HIRs completed
Health Impact Review Requested

HEALTH IMPACT REVIEW GROWTH

Year

Health Impact Reviews


Long* Legislative Session

Short** Session
Health Impact Reviews by Topic Area

- **Criminal justice**: 16%
- **Education**: 18%
- **Environment**: 5%
- **Health care**: 14%
- **Mental health**: 11%
- **Substance use**: 16%
- **Transportation**: 2%
- **Labor/employment**: 15%
- **Other**: 3%

HEALTH IMPACT REVIEW GROWTH
Outreach Efforts

Primary focus: Legislators & their staff
- Request meetings prior to session to share tool
- Send email reminders to former requesters
- Review pre-filed bills to identify “good fits” for HIR

Future: Other staff involved in policy development
- Governor’s policy advisors
- Non-partisan committee staff
- Caucus staff
- Other state agency legislative liaisons
HIRs and Decision-Making

Testimony
Bill Reports
Legislators
Media Reports
Memos to the Governor
Other State Agencies

HEALTH IMPACT REVIEW GROWTH
Benefits of HIRs

- Objective, evidence-based analysis
- Adds weight and credibility
- Explores short- and long-term outcomes
- Different way of thinking
- Education and communication tool
Lessons Learned

✓ A Heath Impact Review is one tool to implement a health equity in all policies approach.

✓ Standardized application of strength-of-evidence criteria allows for objective, evidence-based analyses.

✓ Proactively engaging subject matter experts and key stakeholders can help identify research gaps, consider unintended consequences, and understand issue nuances.

✓ Develop tools and approaches with your goal and intended audience in mind.

✓ It takes time and consistent outreach to build trust in the tool to advance adoption of HIRs as a nonpartisan tool.
Thank You!

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360–628–7342

Completed Health Impact Reviews can be found on the Washington State Board of Health website:

http://sboh.wa.gov/OurWork/HealthImpactReviews.aspx
Updating New Mexico’s Public Health Legal Infrastructure

Dawn M. Hunter, JD, MPH, CPH
Deputy Cabinet Secretary
May 9, 2018
Overview

• Review of Domain 6
• New Mexico’s Approach to Review of Existing Laws and Communicating Needed Changes
  • Senate Bill 223 (2017)
  • NMDOH Policy Development Process
• Ideas for Implementation
Core Competencies and the Essential Health Services

- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- **Accreditation**: standards and performance measures regarding the ability of public health agencies to provide essential public health services
Domain 6
Enforce Public Health Laws

• Standard 6.1: Review existing laws and work with governing entities and elected/appointed officials to update as needed
  • 6.1.1 Review laws
    • Consider public health evidence and impact on health equity;
    • Use a standard review methodology (such as a Model law);
    • Collaborate with other levels of health department when others are impacted; and,
    • Work with legal counsel.
  • 6.1.2 Communicate needed changes by providing written recommendations to officials concerning new law or amendments to existing law

• Standard 6.2: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws
  • This includes health department staff, the public, and regulated entities
Review of existing laws
Senate Bill 223 (2017)

Timeline

- Formal assessment of New Mexico’s public health laws in 2013
- Public Health Law Fellowship in 2014
- Internal review for 2016 session and 2017 session
- Introduction of SB223 (2017)
- Signed into law! April 6, 2017
Review of existing laws

Why update? The background

• Many state statutes are quite old – 40 to 100 years old – and were often passed with a focus on a particular disease (like TB).

• Turning Point Model State Public Health Act (September 2003)

• Consistency with other state laws (for example, the Public Health Emergency Response Act, Section 12-10A-1 et seq. (NMSA 1978))

• Other factors
  • SB362 (2015) coincided with the Ebola outbreak of 2014
Review of existing laws

The details...

The assessment

- New Mexico Public Health Law: Review and Recommendations
- Public Health Law and Policy Program, Sandra Day O’Connor College of Law
  - James Hodge, JD, LLM
  - Veda Collmer, JD and previous fellow
  - Kim Weidenaar, JD
- Law current through April 1, 2013
- Based on the Turning Point Model State Public Health Act
Review of existing laws
The details...

Assessment Recommendations

• Reorganize or restructure
• Update or repeal outdated laws
• Amend condition-specific laws
• Clarify legal powers and responsibilities
• Establish a conditions of public health importance framework
• Clarify agency mission
Example: Reorganization

| N.M.S.A. § 3-43-1, et seq.: Municipalities; Health Control of Disease |
| N.M.S.A. § 9-7-4.1: Comprehensive Strategic Plan for Health |
| N.M.S.A. § 9-7-6.7: Clearinghouse for NA suicide prevention, culturally based initiatives |
| N.M.S.A. § 24-1-15: Protocol for TB treatment |
| N.M.S.A. § 24-1-17-19: Inspections for existence of dangerous health and safety conditions |
| N.M.S.A. § 24-1-32: Notice of need for further sight evaluation |
| N.M.S.A. § 24-1B-1, et seq.: Maternal and child health plan act |
| N.M.S.A. § 24-1F-1, et seq.: Billy Griego HIV AIDS Act for funding and treatment |
| N.M.S.A. § 24-1H-1, et seq.: Development of healthcare services for off-reservation NA |
| N.M.S.A. § 24-2A-1, et seq.: Development of hemophilia fund |
| N.M.S.A. § 24-2C-1, et seq.: Needle exchange program to reduce harm |
| N.M.S.A. § 24-2D-1, et seq.: Education and disciplinary action for healthcare providers prescribing pain medications |
| N.M.S.A. § 24-3-1: Education and treatment for sickle cell |
| N.M.S.A. § 24-10C-1, et seq.: Cardiac arrest response act |
| N.M.S.A. § 24-16-1, et seq.: Clean indoor air act |
| N.M.S.A. § 24-29-1, et seq.: Hospital acquired infections |
| N.M.S.A. § 25-1-1, et seq.: Food |
| N.M.S.A. § 28-20-1, et seq.: Nursing Mothers Act (right to breastfeed and pump in the workplace) |
| N.M.S.A. § 74-1-1, et seq.: Environmental Improvement Act |

N.M. ADMIN. **CODE Chapter 4**: Disease Control (Epidemiology)

N.M. ADMIN. **CODE § 7.6.2**: Food handling requirements for foodservice establishments

N.M. ADMIN. **CODE § 7.30.2, et. seq.**: Family and children healthcare services

N.M. ADMIN. **CODE § 7.31.2**: Health nutrition programs

N.M. ADMIN. **CODE § 7.32.7-8**: Administration of opioid antagonists and
Review of existing laws

Strategy

• Meet with key stakeholders
• Analyze and categorize recommendations:
  • New statutory language
  • Moderate changes to statutory language
  • Minor changes to statutory language
  • Changes through regulatory action
  • Repeal
• Prioritize: based on interest, need, and political feasibility
• Develop Cabinet-level proposal and draft language
Communicate needed changes

• Agency review with the Secretary, General Counsel, and Policy Director
  • Approval to pursue based on a variety of factors:
    • Sound scientific/rational justification
    • Cannot be achieved through rulemaking
    • Aligned with Executive priorities
    • Reasonable budgetary request
    • Support/opposition

• Cabinet-level proposal
  • Depending on extent of changes, determine whether to do a comprehensive proposal or multiple proposals

• Identify a sponsor
• Educate other lawmakers
Key changes in SB223

• Clarifying the Department’s authorities and responsibilities so they more accurately reflect current programs, activities, and the essential public health services.

• Shifting reportable conditions laws from disease-specific to a new framework that defines conditions of public health importance.

• Granting the Department authority to issue emergency public health orders for quarantine or isolation for 24-hours and outlining the due process and other protections for individuals under such orders.

• Aligning state laws with federal laws and national initiatives, including public health department accreditation.

• Updating statutory programs, such as the school nurse and EMS programs, so the legal basis accurately reflects changes that have occurred with the programs over time.

• Modernizing terminology, such as replacing “sexually transmitted disease” with “sexually transmitted infection” and “Indian” with “Native American,” and making references to the secretary of health gender-neutral.
Benefits of Public Health Law Reform

• Modernize the law to reflect current practice and scientific evidence
• Comply with modern constitutional norms
• Clarify powers and duties
• Encourage discussion among policy makers and community stakeholders
• Improve public health programs and outcomes!
Incorporating Standard 6.1 into regular practice

• Annual solicitation from internal programs for policy proposals for the upcoming legislative session.

• We ask programs to:
  • Provide data justifying the request
  • Conduct a literature review on the proposed action
  • Provide policy recommendations, including budget implications if applicable
  • Provide references
  • Tell us what other states are doing
Incorporating Standard 6.1 into regular practice

• We have the same discussions as with SB223
  • What type of change is required? New language, amendments to existing language? Repeal?
  • Can this be accomplished through regulatory action?
  • What is the current need, interest from stakeholders, and political feasibility?

• We develop formal proposals and review them with the Secretary, General Counsel, and Policy Director

• We work with identified sponsors to draft and introduce approved legislation

• We track the status and work with stakeholders throughout the process
Example: Revision of the Pain Relief Act, Senate Bill 29 (2018)

New Mexico had the 8th highest drug overdose death rate in the U.S. in 2015, and previously had been one of the top 2 states for over a decade.

Death Rate per 100,000 New Mexico Residents (2011-2015):¹

- Total = 24.7
- American Indian = 14.8
- Hispanic = 26.8
- White = 24.7
- African American (Black) = 19.2
- Asian/Pacific Islander = 5.1

Drug overdose mortality has two principal categories:

- Unintentional drug overdose death accounted for 80-85% of deaths in NM from 2001-2015
- Intentional self-poisoning accounts for the remaining 10-15%

National Governors Association

Strongly recommends that key decision makers and priority stakeholders are connected to efforts to engage state levers to reduce opioid misuse and overdose.

Institute for Healthcare Improvement

Identifies lack of coordination of approaches and resources, failure to engage with local communities and across multiple stakeholders, and failure to spread promising practices as some of the key reasons the opioid epidemic continues to worsen.

Recommendations

Revise the New Mexico Pain Relief Act to add the following members on the Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council:

- Human Services Department
- Department of Public Safety
Other examples of Standard 6.1 in Action

• Documentation for this Standard can include state statutes, regulations, rules, executive orders, codes, and formal agreements.

• NMDOH Rules Compendium
  • Comprehensive listing of all administrative rules belonging to the agency, the responsible program area, and the date enacted or last revised
  • Plan to implement a regular review schedule

• Review and analysis of legislation enacted during current administration

• Continued work with partner agencies on regulatory or process changes
Ideas for implementation

• Have a point person or subject matter expert for specific initiatives

• Establish a process with clear timelines
  • Incorporate regular review with attorney and policy analyst
  • Start well in advance of the legislative session
  • For regulatory or other policy action, also have a process

• Develop sound justifications for proposals

• Document what you are doing!
Useful resources

• LawAtlas Policy Surveillance Program (lawatlas.org)

• Articles
  • An Examination of State Laws and Policies Regarding Public Health Agency Accreditation Prerequisites
  • Modernizing State Public Health Enabling Statutes to Reflect the Mission and Essential Services of Public Health
  • Transitions in State Public Health Law: Comparative Analysis of State Public Health Law Reform Following the Turning Point Model State Public Health Act

• The Turning Point Model State Public Health Act State Legislative Matrix Table (from The Center for Law and the Public’s Health)
# Model Act Legislative Matrix

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Thank you!

Dawn M. Hunter

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505-827-2613
Questions?
Please use the chat box to ask questions of the presenters. If the question is for a specific presenter, include who.

Webinar 3: Enforcing and Providing Education on Public Health Laws for PHAB Accreditation
May 23, 2:00 pm (EDT)

Recording & Slides Available!
Webinar 1: Introduction to Public Health Laws for PHAB Accreditation
Webinar Materials

For more information, or to register visit: www.astho.org/Events.aspx
Thank you attendees, presenters, and partners!

ASTHO’s Performance Improvement Team
accreditation@astho.org

Please take a moment to complete the evaluation, a link will be emailed shortly.