



## **Mississippi Public Health Association**

### **LEGISLATIVE AGENDA 2021**

The Mississippi Public Health Association (MPHA) Board of Directors through the Legislative and Policy committee developed and approved seven legislative agenda items for the 2021 Mississippi Legislative Regular Session. Any additional public health issues of interest to MPHA that are introduced during the session will be addressed by the MPHA Board of Directors. An additional 7 policy issues have been identified that merit MPHA's monitoring both during the session and throughout the year (as some of them could be regulatory in nature).

#### **MPHA's 2021 Legislative Priorities:**

- 1. Supporting a strong statewide public health infrastructure through adequate funding and hiring flexibility for the Mississippi State Department of Health;**
- 2. Funding essential health services by increasing taxes on state-sold tobacco products;**
- 3. Supporting a universal smoke-free air policy statewide;**
- 4. Ensuring affordable, quality public health insurance programs to women of reproductive age;**
- 5. Protecting immunization requirements for the children of Mississippi;**
- 6. Ensuring access to health insurance in Mississippi; and,**
- 7. Supporting a strong State Employees' Retirement System.**

#### **Potential Legislation/Regulations/Policies for MPHA Monitoring:**

- 1. Monitoring any type of tax breaks for a balance between the impact on the overall economy and the potential impact on public health services funding;**
- 2. Monitoring any health-related licensure issues;**
- 3. Implementing a comprehensive policy on vaping using electronic nicotine delivery devices**

**in Mississippi;**

- 4. Prohibiting the use of tanning facilities by minors (children under 18);**
- 5. Monitoring any changes to medical marijuana program;**
- 6. Strengthening protections for school age athletes at risk of sports-related concussions; and,**
- 7. Monitoring policies aimed at supporting multi-cancer early detection screening coverage**

## **MPHA's 2021 Legislative Priorities**

### **Supporting a strong statewide public health infrastructure through adequate funding and hiring flexibility for the Mississippi State Department of Health**

**Especially in light of the COVID19 pandemic, MPHA supports Mississippi having a strong statewide public health infrastructure to protect and promote the health of all people in Mississippi.**

#### **Background:**

The Mississippi State Department of Health (MSDH), like many other jurisdictions across the country, has experienced a decade or more of systemic funding cuts and restrictions that have affected its ability to both address its routine According to a 2020 report by the Trust for America's Health, the United States spends an estimated \$3.6 trillion annually on health, but less than 3 percent of that spending is directed toward public health and prevention. Public health spending as a proportion of total health spending has been decreasing since 2000 and falling in inflation-adjusted terms since the Great Recession. Health departments across the country are battling 21st-century health threats with 20th century resources. The COVID-19 crisis demonstrates this reality in the starkest of terms.

#### **Why It Matters:**

Investment in public health programs saves money by preventing injury and illness, which is particularly important as the population ages and as we continue to balance attention to chronic illnesses with natural disasters and with outbreaks such as COVID19. Mississippians deserve a strong public health infrastructure that includes funds to strengthening the public health workforce, modernizing the system's data and surveillance capacities, safe-guarding and improving everyone's health by investing in chronic disease prevention; improving emergency preparedness, including preparation for weather-related events and infectious disease outbreaks, and addressing the social determinants of health and advancing health equity.

#### **Why MPHA Supports This Initiative:**

MPHA knows that the MSDH cannot continue to provide the high quality of services that it is known for without a stable and consistent source of funding, as well as the ability to hire public health professionals who are highly qualified to do the jobs that are most needed.

## **Fund essential health services by increasing taxes on state-sold tobacco products**

**MPHA, with more than 65 other Mississippi health organizations, supports a \$1.50 per pack tax increase on cigarettes to generate approximately \$153 million in new revenue and reduce Medicaid expenditures.**

### **Background:**

Tobacco use is the single most preventable cause of disease, disability, and death in the United States. In Mississippi, smoking costs an estimated \$1.23 billion in direct health care costs, including \$319 million in tobacco-related disease costs covered by Medicaid.

### **Why It Matters:**

Not only can the proposed tax increase prevent over 11,000 smoking-related deaths and stop as many as 16,400 children from becoming adult smokers in Mississippi, but the estimated \$153 million generated will support essential public health services statewide. MPHA also supports raising state tax rates for other tobacco products to parallel the increase in the cigarette tax rate. MPHA also supports the inclusion of e-cigarettes in any tax increase on tobacco products.

### **Why MPHA Supports This Initiative:**

Increasing taxes on state-sold tobacco products is a reasonable and cost-effective public health policy that will save lives and money as well as provide much needed resources for our public health system.

## Supporting a universal smoke-free air policy statewide

**MPHA supports a universal statewide smoke-free air policy to reduce exposure to the health effects of secondhand smoke.**

### **Background:**

Mississippi is a largely rural state, with many of its residents living in unincorporated regions. In Mississippi only 30.5% of the population is protected by smoke free laws. Although there are over 140 comprehensive smoke free ordinances throughout the state, there is no statewide smoke free law to protect working from secondhand smoke. Consequentially, thousands of workers continue to be exposed to secondhand smoke in workplaces including restaurants, bars, private clubs, and casinos.

### **Why It Matters:**

Mississippi is 1 of 10 "Most Challenged" states based on health outcomes according to the United Health Foundation's "America's Health Rankings Annual Report," ranking 49th out of 50. Secondhand smoke has been classified by the Environmental Protection Agency as a Group A carcinogen, causally linked to causing cancer in humans.

### **Why MPHA Supports This Initiative:**

According to the Mississippi State Department of Health, there is no safe level of exposure to secondhand smoke. Exposure to tobacco smoke causes damage to blood vessels which can lead to heart attacks, strokes, and lung disease. Chemicals in tobacco smoke also affect unborn babies as the chemicals in tobacco smoke increase the risks for miscarriages and low birthweight babies. Exposure to secondhand smoke ultimately affects the health of everyone either directly or indirectly.

## **Ensure affordable, and high-quality public health insurance programs to women of reproductive age**

**MPHA supports the expansion of Medicaid coverage for women of reproductive age.**

### **Background:**

Preterm birth is the leading cause of infant mortality and morbidity and is also associated with other severe social and economic consequences, and its prevalence is higher in the US than in other developed nations. Survival rates for African American mothers and their infants are even bleaker. African American women across the economic spectrum are dying from preventable pregnancy-related complications at three to four times the rate of non-Hispanic white women, and the death rate for black infants is twice that of infants born to non-Hispanic white mothers.

### **Why It Matters:**

About 17% of babies in Mississippi are born preterm. Compared to a national average of about 12%, this puts the state among the top five in the rate of premature births each year. The problem is even greater for minorities, particularly African-American women, where rates can be greater than 20% — one child in five. Greater than 60% of births in Mississippi are paid for by Medicaid.

### **Why MPHA Supports This Initiative:**

In some states and among specific racial and ethnic groups, policy changes have brought about improvements. MPHA recommends the following policy actions to address disparities in maternal and infant health outcomes:

*Increase access to health insurance programs to women before pregnancy.* Research shows one of the best opportunities to achieve healthy pregnancies is to improve the health of all women before they become pregnant. Medicaid expansion to cover individuals up to 138% of the federal poverty level can play an essential role in improving maternal and infant health. A growing number of studies indicate that Medicaid expansion has reduced the rate of women of childbearing age who are uninsured, improved health outcomes and helped to reduce racial health disparities, including lower rates of premature birth and low birthweight for African-American infants in expansion states.

*Increase access to comprehensive healthcare coverage for post-partum women to 12 months.* Medicaid maternity coverage ends 60 days after giving birth, ending access to care at a time when risks of maternal complications and death persist.

## **Protect immunization requirements for the children of Mississippi**

### **MPHA opposes any policy changes that allow philosophical exemptions for childhood immunizations.**

#### **Background:**

Mississippi ranks 1st nationwide for the rate of children immunized and its low incidence of vaccine- preventable disease outbreaks. Immunizations against many childhood diseases are currently required by law for children to enter Mississippi schools and childcare centers, although state physicians may grant limited exemptions for medical reasons.

The state's longstanding immunization requirement for school entry was upheld by the state Supreme Court in 1979. In 2015, the Mississippi Senate passed a resolution to recognize public and private healthcare providers statewide for achieving the highest kindergarten vaccination rates in the United States.

A variety of studies on vaccine safety recently examined the adverse events associated with childhood immunizations. These events are extremely rare, and the absolute risk is low.

Research has confirmed a relationship between the ease of obtaining an immunization exemption and the increase of a community's disease risk. Communities with low immunization rates have experienced a resurgence of vaccine-preventable diseases.

#### **Why It Matters:**

Incomplete immunization coverage increases the risk of disease for everyone, including those who have been immunized and those who cannot be immunized for medical reasons. Research demonstrates the benefits of immunizations far outweigh any risk.

#### **Why MPHA Supports This Initiative:**

Laws protecting childhood immunizations help families stay active, healthy, and productive, as well protecting the public's health.

## **Ensure access to health insurance in Mississippi**

### **MPHA supports legislation that ensures access to affordable health insurance coverage in Mississippi.**

#### **Background:**

Approximately 1 out of 7 Mississippians lacks any health insurance coverage. This is one of the top uninsured rates nationwide.

Residents without health insurance are typically younger, low-wage workers who do not have access to employer-sponsored coverage, do not qualify for public coverage, or are not eligible for the state Medicaid health insurance program due to eligibility limitations. Healthcare access is an important factor in preventing disease and disability, detecting, and treating illnesses, increasing quality of life, reducing the likelihood of premature death, and increasing life expectancy. This situation has been especially problematic as the state has encountered the effects of COVID19.

#### **Why It Matters:**

Residents who lack health insurance coverage face delays in receiving healthcare services, particularly healthcare services that support the maintenance of good health. This places economic hardships on families without coverage who require medical care.

Lack of insurance coverage jeopardizes the fiscal stability of hospitals, particularly in rural areas, where higher numbers of uninsured residents live. Hospital closures due to fiscal instability can limit access to and increase the economic burden of health care on all Mississippi taxpayers.

#### **Why MPHA Supports This Initiative:**

Laws enabling Mississippians to gain and keep health insurance coverage allows access to health services that improve residents' health and stabilizes payment mechanisms for health service organizations to sustain the provision of healthcare services.



## **Supporting a strong State Employees' Retirement System**

**MPHA supports a strong and consistent Public Employees' Retirement System as part of a strong public health infrastructure.**

### **Background:**

The Public Employees' Retirement System of Mississippi (PERS) serves the state of Mississippi by providing retirement benefits for individuals working in state government, public schools, universities, community colleges, municipalities, counties, the Legislature, highway patrol, and other such public entities. These retirement benefits not only help recruit and retain a strong public workforce in Mississippi, they help stimulate local economies in every county in the state and help reduce the need for social assistance.

### **Why It Matters:**

Many members of the public health workforce participate in the PERS Retirement System. Having strong retirement benefits for these public health workers is an important factor in recruitment of retention of highly qualified public health professionals. A solid and consistent public health workforce is key to a strong, viable and equitable public health infrastructure.

### **Why MPHA Supports This Initiative:**

PERS law can be found in Miss. Code Ann. § 25-11 (1972, as amended). In any given year, legislation has been introduced to limit the benefits provided under the PERS system. When limits to these benefits are approved, they have negative consequences for both the individual and the public health system. MPHA supports a strong and consistent PERS. It is good for the state of Mississippi.

## Potential Legislation/Regulations/Policies to Monitor

### Monitoring any type of tax breaks for a balance between the impact on the overall economy and the potential impact on public health services funding

#### Background:

After the economic impact of COVID19, discussions have been held about various potential tax breaks to help stimulate Mississippi's economy. One of those proposals includes a plan to eliminate Mississippi's income tax. Seven states in the US have already adopted this approach. Two other states do not tax wage income, only investment income. According to the Tax Foundation, Mississippi income tax generated nearly 43 percent of the state's total tax collections in FY 2019, with nearly \$1.9 billion coming from the individual income tax and \$644 million from the corporate income tax. The state will need to see continued revenue gains over the next decade to phase out the income tax without increasing other taxes.

#### Why It Matters:

Public health, mental health, Medicaid, and social services programs all depend on state funds in order to draw down matching federal funds. All of these programs have significant impact on the health of Mississippians.

#### Why MPHA Supports Monitoring This Initiative:

While MPHA understands that following a social determinants of health model for population health improvement includes attention to the economic status of the public, a change in the tax-based support of public health related programs could have unintended consequences in other areas. MPHA advocates monitoring any type of tax breaks for a balance between the impact on the overall economy and the potential impact on public health services funding.

### Monitoring any health-related licensure issues

#### Background:

Licensure of health care professionals exists to ensure public safety. The basic premise behind any professional licensure regulation is to protect the public by ensuring that health care professionals are meeting certain standards to practice and also that their practices are monitored for ongoing safe practice. Licensure of health professionals is a key component of the 2020 refreshed version of the ten Essential Public Health Services, EPHS Number 6 which states “Utilize legal and regulatory actions designed to improve and protect the public’s health”.

### **Why It Matters:**

Change in health professional licensure laws, policies and regulations can either strengthen the regulatory body’s ability to do its job well or it can weaken the purpose of existing safeguards. MPHA advocates ongoing monitoring for any efforts to reduce the effectiveness of existing safeguards.

### **Why MPHA Supports Monitoring This Initiative:**

Changes in health professional licensure laws, rules and regulations have the potential to impact public health, so MPHA supports ongoing monitoring of any health-related licensure policies that could weaken their positive impact on public health improvement.

## **Implementing a comprehensive policy on vaping using electronic nicotine delivery devices in Mississippi**

**MPHA supports comprehensive policies and regulations that include placing vaping devices in the same category as tobacco, establishing parity or uniformity in taxation with tobacco with revenue going to support public health programs, raising the age limit to 21, and regulating internet sales.**

### **Background:**

A 2018 Youth Tobacco Survey in Mississippi revealed a vaping prevalence rate of 21.6% among youth in the state. A recent advisory by the U.S. Surgeon General noted that e-cigarette use by teens has skyrocketed in the past year. Little to no protections are in place to safeguard the public’s health through regulation of vaping devices, nicotine content in vaping products, and sales.

### **Why It Matters:**

Attention is required due to numerous vaping-related deaths across the country, including Mississippi, as vaping becomes more prevalent. Immediate efforts to protect children and youth from the use of e-cigarettes, a lifetime of nicotine addiction, and associated health risks should be addressed through evidence-based strategies.

MPHA joins the American Public Health Association and other health organizations in monitoring and supporting efforts to address the use of electronic nicotine delivery devices and the associated health risks for all consumers.

### **Why MPHA Supports Monitoring This Initiative:**

Implementing comprehensive electronic nicotine delivery and vaping policies in Mississippi will provide some regulation and deterrent to this unregulated practice. However, many of the policies are regulatory

in nature, and these are administered by the FDA. On Jan. 15, 2020, the FDA issued 10 warning letters to e-cigarette manufacturers for illegally selling their products without submitting a premarket tobacco product application by the Sept. 2020 deadline. The FDA announced that as a result of a federal court ruling, it will delay the effective date for updated cigarette warning labels by 90 days to Jan. 14, 2022. An FDA press release details how the agency worked with U.S. Customs and Border Protection to seize over 33,000 units of counterfeit e-cigarettes. FDA published two final rules in the Federal Register that detail premarket tobacco product applications and record keeping requirements. MPHA will work with other organizations to monitor the impact that the new federal administration may have on future FDA ruling.

## **Prohibiting the use of tanning facilities by minors (children under 18 years of age)**

**MPHA supports legislation that prohibits the use of commercial tanning facilities by children under 18 years of age.**

### **Background:**

Seventeen states and one territory have already enacted laws to ban the use of tanning facilities by minors. Mississippi currently requires parental consent for minors to use tanning facilities but has not yet enacted legislation to prohibit their use of commercial tanning facilities altogether.

Studies consistently show that indoor tanning increases a person's risk of getting skin cancers, including melanoma. Preventing minors' exposure to indoor tanning will reduce their risk of developing life-threatening skin cancers in their most productive adult years.

During the 2019 session, a Senate bill with 12 co-sponsors, passed out of the Senate Public Health and Welfare committee unanimously and out of the full Senate with a vote of 34-17. Unfortunately, the bill died in the House Committee.

### **Why It Matters:**

Cancer is a leading cause of death for Mississippians. Research shows the use of tanning facilities before the age of 35 significantly increases the risk of developing deadly skin cancers, including melanomas. Indoor tanning also increases the risk of potentially blinding eye diseases if proper eye protection is not used.

### **Why MPHA Supports Monitoring This Initiative:**

MPHA and the MSDH Board of Health support prohibiting the use of tanning facilities by minors. Already, members of the Mississippi Senate and other legislators support this public health initiative and have expressed interest in enacting legislation on this vital issue.

## **Monitoring any changes to medical marijuana program;**

### **Background:**

In November 2020, Mississippi voters approved the citizen-led Initiative 65 by a 74% majority that will

allow doctors to prescribe medical marijuana for 22 debilitating conditions. Initiative 65 requires a medical marijuana program be in place by August 2021. The Mississippi State Department of Health (MSDH) is now in the planning stages of the many elements needed to implement a successful medical marijuana program for the state. MSDH is currently working to establish production, regulation, and licensing structures in time for the target date of August 15, 2021. Initiative 65 requires that regulations for all aspects of the program, including production and licensing for sale, must be in place by July 1, 2021.

### **Why It Matters:**

The CDC states that, while although marijuana has many properties that seem to provide therapeutic results, the U.S. Food and Drug Administration (FDA) has not recognized or approved the marijuana plant as medicine. Because marijuana is often smoked, it can damage your lungs and cardiovascular system (e.g., heart and blood vessels). These and other damaging effects on the brain and body could make marijuana more harmful than helpful as a medicine. Another problem with marijuana as a medicine is that the ingredients are not exactly the same from plant to plant. There is no way to know what kind and how much of a chemical a person is getting.

Two medicines have been made as pills from a chemical that is like THC, one of the chemicals found in the marijuana plant that makes people feel “high.” These two medicines can treat nausea if you have cancer and make you hungry if you have AIDS and do not feel like eating. But the chemical used to make these medicines affects the brain also, so it can do things to your body other than just working as medicine. Another marijuana chemical that scientists are studying, called cannabidiol (CBD), does not make you high because it acts on different parts of the nervous system than THC. Scientists think this chemical might help children who have a lot of seizures (when your body starts twitching and jerking uncontrollably) that cannot be controlled with other medicines. Some studies have started to see whether it can help. For all of these reasons and many more, the use of marijuana for medical purposes remains controversial.

### **Why MPHA Supports Monitoring This Initiative:**

The MSDH will do its best to establish appropriate rules and regulations to establish the medical marijuana program in accordance with Initiative 65. However, any changes to the program that may occur either by legislation or by changes in the regulations bear additional monitoring over time for their impact on the health of the population.

## **Support legislation strengthening protections for school-age athletes at risk of sports-related concussions**

**MPHA supports legislation that increases protections for all young athletes at risk of sports-related concussions.**

### **Background:**

Sports-related injuries are one of the most common causes of concussion in children and young adults. Outcomes associated with concussion are cognitive and behavioral issues that can be disruptive to a child’s life and ability to learn. Long-term impacts of concussions have been linked with slower recovery,

persistent cognitive impairment, chronic traumatic encephalopathy, and chronic neuropsychiatric symptoms such as depression.

In the US, an estimated 1.6-3.8 million sports-related concussions occur annually, accounting for 5-9% of all sports-related injuries. According to the Youth Risk Behavior Survey, sports-related concussions affected about 2.25 million high school students in 2017.

In Mississippi between 2015 and 2018, 4,900 concussions were diagnosed in a clinical setting for children ages four to 19, although the true number of concussions is likely higher but underreported. As of 2015, approximately 113,000 children and young adults were participating in high school athletics in Mississippi.

### **Why It Matters:**

Mississippi law currently does not cover protections for children in kindergarten through 7<sup>th</sup> grade; requirements for reporting of incidences of concussions; return to play guidelines; non-school based organized sports; appropriate equipment for sports where concussion is a risk; guidelines for return of students to the learning environment; or athletic trainer availability.

### **Why MPHA Supports Monitoring This Initiative:**

MPHA joins the Center for Disease Control and Prevention in recognizing sports-related concussions as a significant public health issue that can be addressed through evidence-based policy.

## **Monitoring policies aimed at supporting multi-cancer early detection screening coverage**

### **Background:**

Every day, approximately 1,700 Americans die from cancer. That adds up to more than 600,000 of our friends, neighbors, and loved ones perishing from these diseases each year. It is well known that early detection of cancer saves lives, lowers treatment costs, and increases quality of life for patients and their families. In fact, the five-year survival rate is almost 90% when cancer is found in its early stages. Yet we still have so many deaths in the United States stemming from late-stage cancer diagnosis—because until now, we have had only a handful of early detection screening tools.

Under current law, Medicare coverage of preventive services is limited to circumstances in which Congress has explicitly authorized coverage or the U.S. Preventive Services Task Force recommends the service with a grade of A or B. In the absence of this legislation, it could take several years after FDA approval before Medicare beneficiaries can receive coverage for MCED tests. This bill would greatly reduce any such access delays for seniors while allowing CMS to use its evidence-based process to determine coverage. Accordingly, these new multi-cancer screening tools will complement existing screenings and dramatically improve cancer early detection capabilities.

### **Why It Matters:**

Today, routine screening is reimbursed for only five types of cancer—breast, cervical, colorectal, prostate, and lung cancer (only in high-risk individuals for lung). That leaves the vast majority of cancers without available screening tests and those cases account for nearly three of every four cancer deaths in the United States each year. The data also show that cancer takes a disproportionate toll on communities of color and rural Americans, both of which apply to Mississippi.

The imperative is clear: we must expand our ability to screen for and detect more cancers. According to the Prevent Cancer Foundation, ongoing clinical trials demonstrate a groundbreaking new category of cancer screening can detect many deadly cancers in earlier stages. This multi-cancer early detection (MCED) tests utilize advances in genomic science and computing power to, through a simple blood draw, find cancer before it spreads throughout the body. Peer-reviewed research details the effectiveness of these new technologies and the U.S. Food and Drug Administration (FDA) has granted multiple breakthrough device designations.

As science moves forward, so must health care policy. Currently, Americans most at risk for cancer—Medicare beneficiaries—will face substantial barriers to coverage of multi-cancer early detection tests, even when they are approved by the FDA. Congress has a history of acting to ensure access to cancer screenings, including legislating Medicare coverage of the Pap test, mammography, and colon cancer, prostate cancer, and lung cancer screenings, and must act again to ensure seniors do not face unnecessary access barriers to these transformative new early detection tools.

### **Why MPHA Supports Monitoring This Initiative:**

In 2021, America will recognize the 50th anniversary of the enactment of the National Cancer Act, which officially began our nation's War on Cancer. As we enter the next half-century of combat against the diseases that have brought pain and tragedy to generations of Americans, we are on the precipice of a major scientific advance that may be our best chance of dramatically lowering the number of cancer deaths. MPHA supports policies that ensure that Medicare beneficiaries, and their health care providers, have access to these transformative new early detection tests.

