



2023

Policy Agenda

JACKSON COUNTY HEALTH DEPARTMENT

SUMMARY

2023 Missouri Legislative Priorities

To the right is a list of policies that the General Assembly could consider to strengthen public health in Missouri. This list is not an exhaustive one, but a sample of feasible policies that align with Jackson County Health Department priorities.

PRIORITY 1:
Increase Access to Care

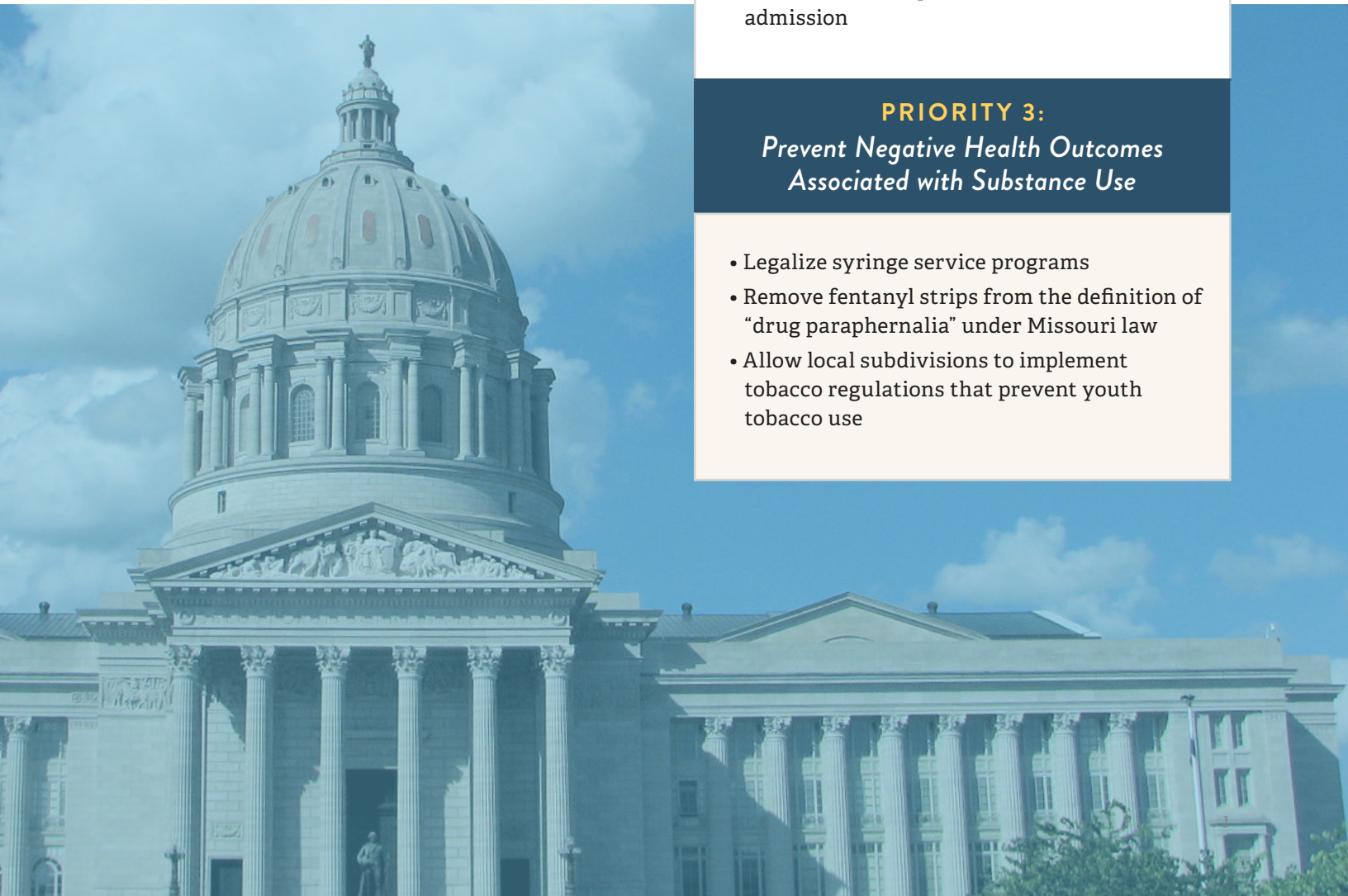
- Extend postpartum coverage under Medicaid to 12 months
- Provide 12 months continuous coverage for children eligible for CHIP
- Ensure adequate access to comprehensive contraceptive services

PRIORITY 2:
Support Public Health Funding & Capacity

- Fully fund DHSS budget request including funds for LPHAs
- Preserve our ability to combat vaccine-preventable illnesses by following evidence-based vaccine requirements for school admission

PRIORITY 3:
Prevent Negative Health Outcomes Associated with Substance Use

- Legalize syringe service programs
- Remove fentanyl strips from the definition of “drug paraphernalia” under Missouri law
- Allow local subdivisions to implement tobacco regulations that prevent youth tobacco use



Increase Access to Care

Extend postpartum coverage under Medicaid to 12 months.

Currently MoHealthNet for Pregnant Women benefits and Show Me Health Babies benefits end after 60 days postpartum. The American Rescue Plan allows states to expand coverage through a State Plan Amendment for 12 months postpartum, and offers an enhanced federal match rate for some enrollees. This extension would allow women to stay on the same benefit plan for the entire first year postpartum (even if their income changes) and ensures continuity of postpartum care.

Access to health care is essential for prevention, early detection, and treatment of conditions that place women at risk for pregnancy-related morbidity and mortality. An analysis of all pregnancy related deaths in Missouri in 2018 found that 63% happened between six weeks and one year postpartum. Over

half of all women on Medicaid experience insurance changes during the first six months postpartum, likely causing interruptions to care (*Sugar et al., 2021*). Reducing the burden on new mothers to maintain or obtain coverage while recovering from delivery and caring for a new infant is a crucial step in reducing maternal morbidity and mortality.

Provide 12 months continuous coverage for children eligible for Medicaid & CHIP.

In December 2022, the federal government approved a spending package that included a provision that will require states to provide 12 months of continuous coverage for anyone under age 19 who is enrolled in Medicaid or the Children's Health Insurance Program (CHIP). This ensures children have access to the care they need without administrative red tape getting in the way. Many low-income households experience changes in





their income due to changes in seasonal or hourly working loads that may raise their income above eligibility thresholds even if their annual income remains below the threshold. In fact, one report found between 70 and 80% of parents who work hourly experience fluctuating working schedules that could impact their children's eligibility (Ben-Ishai, 2015). Providing continuous coverage allows working parents to get their infants and children the healthcare they need without worrying about paperwork and administrative barriers.

During the federal public health emergency, the federal government has required states to keep all Medicaid recipients on their rolls. This has decreased the typical “churn” we see when enrollees disenroll and then re-enroll in a short time period, and in Missouri, has decreased the percent of children who are uninsured from 6.5% in 2019 to 5.9% in 2021 (Alker et al., 2022). The federal government has said that states will be allowed to reassess Medicaid eligibility starting April 1, 2023. At this time states will have to re-determine eligibility requirements for all Medicaid recipients which will put Missouri children at risk of losing their healthcare coverage due to administrative issues rather than actual ineligibility reasons.

A Georgetown University policy report found that children in Missouri are at especially high risk of losing their health insurance because Missouri does not provide 12 months of continuous coverage to children, among other policy characteristics (Alker et al., 2022). The federal requirement to provide continuous coverage does not go into effect until January 2024. Missouri can help bridge this gap by ensuring children maintain coverage through the redetermination process that will begin in April, and through the rest of 2023.

Ensure adequate access to comprehensive contraceptive services.

Access to contraception is an essential health service. Contraception has a number of health, social, and economic benefits, including reducing the odds of preterm birth, treating menstrual-related disorders, and reducing the risk of endometrial and ovarian cancers. Comprehensive contraception coverage means access to all contraceptive methods, services, and counseling without interference from government or employers. State policymakers have consistently tried to restrict contraception coverage by preventing Medicaid enrollees from choosing both where they receive their care, and which contraception methods they may choose.

One study found that after a similar policy change went into effect in Iowa in 2017, the receipt of contraceptive care decreased, and nonuse of contraception increased. Additionally, the satisfaction with one's contraceptive method decreased (Kavanaugh et al., 2021). Supportive funding strategies for contraception, such as ensuring continuous 12-month access to the patient's preferred choice of contraception, are needed to ensure that all Missourians can enjoy comprehensive access to contraceptive services.

*“A Georgetown University policy report found that **children in Missouri are at especially high risk of losing their health insurance...**”*

Support Public Health Funding & Capacity

Fully fund DHSS budget request, including funds for LPHAs.

In 2021, Missouri ranked 50th in the nation for state per capita public health funding. The state of Missouri allocated only \$7 per person for public health expenditures, lower than any other state in the nation, and only half the amount of the next highest state (Nevada, \$14 per person) (*State Health Access Data Assistance Center, 2022*).

Insufficient and unstable funding makes it challenging for state and local public health departments to attract, retain, and train employees to build on their capacity. A recent study from the de Beaumont Foundation found that state and local public health departments need an 80% increase in their workforce to provide a minimum set of public health services (*de Beaumont, 2021*). In fact, only 28% of local health departments nationwide had an epidemiologist or statistician on staff before the COVID-19 pandemic (*Weber et al., 2020*).

State and local officials must prioritize public health as an essential service and allocate the funding necessary to ensure it can perform its fundamental services. The General Assembly should fully fund DHSS's budget request as Missouri public health agencies continue to combat COVID-19 and its ensuing effects on our communities.

Preserve our ability to combat vaccine-preventable diseases by following evidence-based vaccine requirements for school admission.

The Advisory Committee on Immunization Practices (ACIP) recommends vaccine schedules for children, and currently recommends children are immunized against 16 different vaccine preventable diseases (VPD) by the age of 6. All 50 states currently require specific vaccines before children can attend school, however 44 states currently allow religious exemptions (*Skinner, 2017*). Additionally, 15 states also allow philosophical or conscientious

exemptions. Missouri currently allows religious exemptions but not personal belief or conscientious objections, however, legislation has consistently been introduced in recent years to expand allowable vaccine exemptions.

Over the past 20 years, rates of nonmedical exemptions have risen in the US (*Phadke et al., 2016*). The higher the rate of vaccine exemptions in a community, the more susceptible that community is to disease outbreaks. Measles, for example, is so contagious it requires a 95% vaccination rate to reach herd immunity. A review of measles outbreaks in the United States found that the majority of cases (56.8%) were individuals with no history of receiving a measles (MMR) vaccine (*Phadke et al., 2016*).

The COVID-19 pandemic exacerbated gaps in vaccination coverage. In the 2020-2021 school year, the nationwide vaccine rate for kindergarteners was 94% for MMR, DTaP, and varicella vaccines, falling just below the target of 95% coverage (*Seither et al., 2022*). Jackson County has seen a similar trend, with the average vaccination rate for kindergarteners falling from 91.75% in the 2020-2021 school year to only 86.9% in the 2021-2022 school year for MMR, DTaP, and varicella vaccines (*MO DHSS, 2022*).

Vaccine requirements for school admission are an important safety net for children who may have missed or fallen behind on their immunizations. Because they are required for admission, immunizations are offered even if the parent or guardian is unable to pay. School requirements increase the likelihood that all communities in Missouri will achieve vaccination rates that will keep them from becoming susceptible to outbreaks.

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Prevent Negative Health Outcomes Associated with Substance Use



Legalize syringe service programs (SSPs).

Syringe service programs (SSPs) are prevention programs that can provide access to and disposal of sterile syringes and injection equipment, as well as testing and linkage to infectious disease care and substance use treatment. Research conducted over the last 30 years by the National Institutes on Drug Abuse, the CDC, and others have shown that these programs are safe, effective, and cost-saving ways of preventing HIV transmission and other blood-borne diseases including hepatitis B and HCV (CDC, 2019).

In states like Missouri, where these programs are illegal, people who use injection drugs (PWID) are more likely to obtain syringes from unsafe sources and engage in risky injecting behaviors. One study found that PWID who lived in a state where SSPs are illegal were 3 times more likely to test seropositive for HIV than those who lived in a state where SSPs were legal (Neaigus et al., 2008). In Jackson County, there were 16.9 HIV diagnoses per 100,000 people in 2019. This rate was higher than both the state of Missouri (9.4) and the United States overall (13.2) (CDC NCHSTP, 2022).

In addition to reducing the risk of transmission of blood-borne diseases, many SSPs offer a crucial intervention point for access to other services, such as distributing naloxone, HIV and HCV testing, and referrals for substance use treatment and other healthcare (CDC, 2019).

Decriminalize fentanyl test strips.

Fentanyl is a kind of synthetic opioid used to treat pain and is 50 to 100 times more potent than morphine. Synthetic opioids like fentanyl are the primary driver in the recent increase in overdose deaths in the U.S. Specifically, the presence of illicitly manufactured fentanyl has increased since 2020 (CDC, 2020). In Eastern Jackson County, non-fatal opioid overdoses have increased slightly in 2020, after decreasing in 2019. The highest rate of overdoses were among 25-34 year olds (15.1 per 10,000), followed by 15-24 year olds (10.7 per 10,000) (MO DHSS, 2022).



Fentanyl test strips are a proven way to reduce the risk of an overdose. They are effective at detecting fentanyl, cheap, and easy to use. In one study of young adults, receiving a positive result was significantly associated with a behavior change that would lower the risk of an overdose (Krieger *et al.*, 2018). Additionally, 98% reported they were confident in their ability to use the test strips, and 95% said they would like to continue to use them in the future (Sherman *et al.*, 2018).

Currently fentanyl test strips are characterized as illegal drug paraphernalia under Missouri law. This makes those who are in possession of them at risk for a class E felony. Decriminalizing test strips would help to reduce fentanyl-related overdoses by increasing access to a cost effective method of intervention.

Allow local subdivisions to implement tobacco regulations that prevent youth tobacco use.

Preemption is a law at the state level that preempts, or prevents, local communities from passing local ordinances that are more stringent or that differ from the state law. The tobacco industry often supports state preemption laws that remove a community's right to enact local tobacco ordinances.

To limit exposure to secondhand smoke, local communities can prohibit or restrict smoking in enclosed places such as worksites, restaurants, and bars. To prevent youth tobacco use, localities can

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prohibit the sale of flavored tobacco and nicotine products. Not only do local policies like this prevent the negative health outcomes from tobacco use or secondhand smoke, they can help to shift social norms around tobacco use. Local communities have implemented some of the strongest, innovative, and effective policies that often lead to changing social norms around smoking and vaping behaviors.

When states preempt these policies, local communities lose the right to enact the policies as they see fit for their own community. One study also shows that the opportunity to discuss and debate local ordinances as they are introduced brings awareness to the negative health effects associated with tobacco use. In fact, simply considering tobacco restrictions such as smoke free ordinances can foster a climate that supports smoking cessation, reduced adult use, and reduced youth initiation (Mower *et al.*, 2012).



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