



## MALPH Legislative Priorities Spring 2024

### Day at the Capitol 2024

#### Flavored Tobacco Regulation – Protect MI Kids Package

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- Sponsor(s): Sens. John Cherry, Sam Singh, Stephanie Chang, Sue Shink, Paul Wojno, Mary Cavanaugh
- Summary of package:
  - Ends the sale of flavored tobacco products; requires tobacco retailers to be licensed; taxes e-cigarette and vaping products containing nicotine and increases tobacco taxes; allows localities to enact tougher restrictions on tobacco sales; and repeals ineffective penalties that punish youth for tobacco purchase, use and possession
- Talking points:
  - Smoking accounts for about one in six Michigan deaths, making it a major public health issue
  - Flavors hook kids – flavors other than tobacco are a large driver of teen use of e-cigarette products: 85% of youth e-cigarette users use flavored products
  - Michigan is one of only ten states without tobacco retail licensure in place, which makes enforcement almost impossible
  - New revenue and reducing new smokers
    - Michigan ranks 49<sup>th</sup> in state spending on tobacco prevention, spending less than 10% of what the CDC recommends
    - Raising prices on cigarettes is considered one of the most effective tobacco control interventions, especially in reducing youth tobacco use

#### Statewide Septic Protection – SBs 299 & 300; HBs 4479 & 4480

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- Sponsor(s): Rep. Phil Skaggs; Sen. Sam Singh
- Summary: Establishes a statewide code for the regulation of onsite wastewater systems, including periodic inspections; creates a technical advisory committee and an onsite wastewater treatment system administration fund.
- Talking points:
  - While we support the passage of a Statewide Septic Code that protects Michigan’s water resources and its residents, the Code must be properly written and funded in a way that does not break the wastewater regulation system or overburden Local Health Department Environmental Health divisions
    - The proposed Code would *significantly* increase the need for sanitarian hours, enforcement capacity, and related infrastructure; respective funding must be included
  - The bill sponsors are working with several Local Health Department health officers with backgrounds in environmental health in order to address local public health concerns



## Lead Abatement Package – HBs 4532, 5368, & 5369

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- Sponsor(s): Reps. Rachel Hood, Julie Rogers, Karen Whitsett
- Summary: Would amend Part 54A (Lead Abatement) of the Public Health Code to revise the threshold considered an elevated blood lead level (EBL) in children and to change requirements related to lead abatement and mitigation for certain buildings or activities, among other changes; some components are to codify EPA requirements into state law; children with EBLs would be automatically referred to the Early On program
- Talking points:
  - This package strengthens lead abatement policies related to infrastructure and childhood elevated blood lead levels, including establishing a pathway to the Early On programs, helping address a public health need

## Health Data Utility and Efficiency – HBs 5283 & 5284

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- Sponsor(s): Reps. Julie Rogers & Curtis VanderWall
- Summary: HIT commission will create strategic plan for health data utility and designate, monitor, and review a health information exchange; provides funding formula for health information exchange
- Talking points:
  - We want to increase the efficiency of healthcare data exchange in order to maximize patient/client experience and streamline the process of prevention, diagnosis, and treatment in healthcare



## Budget Priorities

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### Hearing & Vision Program – Increase from \$5.15 million to \$8.6 million

- The Hearing & Vision Screening Program:
  - Approximately 1 million school-aged children are screened each year.
  - School-based vision screening of pre-school children is conducted by Local Health Department staff at least once between the ages of 3 and 5 years, and school-age children are screened in grades 1, 3, 5, 7 and 9, or in conjunction with driver training classes.
  - School-based hearing screening is conducted at least once between the ages of 3 and 5 years, and every other year between the ages of 5 and 10 years.
  - Children who do not pass a screening are referred to local providers for follow-up care. Each year, approximately 85,000 children are referred for further hearing and/or vision clinical care.
- Why Increase Funding:
  - The current \$5.15 million statewide allocation, distributed through Michigan’s 45 local health departments, has not been increased in over 25 years.
  - An additional \$3.5 million would be necessary to keep pace with inflation today to maintain the service levels established in 1999.
  - LHDs continue to cite significant barriers to hiring and maintaining staff due to limited funding.
  - Medicaid partially reimburses for these screens, but only for the 3–6-year-old population, which misses most of the screened age groups. While Medicaid reimbursement rates for H&V were increased from \$9.20 to \$9.79, this still does not match the cost of \$10 per screen in 2007.

### Kindergarten Oral Health Assessment (KOHA) Program – Increase to \$4.5 million

- The KOHA Program:
  - First established by PA 261 of 2020, provides dental assessments to children within six months of the child's first time in kindergarten or first grade.
  - Approximately 50% of local health departments in Michigan received funding from MDHHS to implement the program in its original form.
- Why Increase Funding:
  - In December 2023, Governor Whitmer signed PA 316 of 2023 to remove the sunset date of January 1, 2024, and to authorize statewide expansion of the program.
  - Beginning in the 2024-2025 school year, a parent, guardian, or person in loco parentis who applies to have a child registered for the first time in kindergarten or first grade must provide proof of a completed oral health assessment, or documentation of a religious exemption.
  - Current funding is not sufficient to maintain the current program and to expand it statewide. MDHHS estimates that \$4.5 million is needed to fully fund a statewide program.