

**RESOLUTION CONCERNING THE PREVENTION OF PRESCRIPTION
DRUG ABUSE**

WHEREAS, enough prescription drugs of abuse were prescribed in 2010 to medicate every American adult around-the-clock for one month; and

WHEREAS, for every 1 overdose death from prescription drugs of abuse there are:...

- 10 treatment admissions for abuse
- 32 emergency department visits for misuse or abuse
- 130 people who abuse or are dependent
- 825 people who take prescription drugs of abuse for nonmedical use; and

WHEREAS, as a result, prescription drug abuse prevention is a top priority for the Centers for Disease Control and Prevention; and

WHEREAS, prescription drug abuse is a significant public health concern in Idaho, with Idaho ranking 4th highest in the Nonmedical Use of Prescription Pain Relievers in the Past Year among Persons Aged 12 or Older in 2010-2011 (5.73%); and

WHEREAS, prescription drug abuse among Idahoans results in a broad range of negative outcomes, including but not limited to, lost productivity, increased injury, increased incidence of crime (e.g., robbery, theft, assault), and increased morbidity and mortality related to accidental and intentional overdose; and

WHEREAS, Idaho Public Health Districts are responsible to promote and protect the health of Idaho citizens; and

WHEREAS, Idaho Public Health Districts provide services to individuals and families who are affected by prescription drug abuse;

THEREFORE BE IT RESOLVED that Idaho Public Health Districts seek opportunities to collaborate with stakeholders such as the Office of Drug Policy, Idaho Department of Health and Welfare, and institutions of higher education, as well as other pertinent community organizations, to prevent the misuse and abuse of prescription drugs. An interdisciplinary, grassroots initiative which utilizes a three-prong approach incorporating Data Collection and Analysis, Provider Engagement, and Community Education and Policy Development to address the public health issue of prescription drug abuse is recommended and supported.

Idaho Association of District Boards of Health - May 2014

References

Executive Office of the President of the United States (2011). *Epidemic: Responding to America's Prescription Drug Abuse Crisis*. Washington, D.C.

Centers for Disease Control and Prevention (01/13/2012). *CDC Grand Rounds: Prescription Drug Overdoses—a U.S. Epidemic*. MMWR Vol. 61, No. 1. Atlanta, GA.

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (01/08/2013). *The NSDUH Report: State Estimates of Nonmedical Use of Prescription Pain Relievers*. Rockville, MD.

Kirschner, N., Ginsburg, J., & Snyder-Sulmasy, L. (12/16/2013). *Prescription Drug Abuse: Executive Summary of a Policy Position Paper for the American College of Physicians*. *Annals of Internal Medicine*.

Idaho Office of Drug Policy (2012). *Overview of National and State Issues for Prescription Drugs*. Boise, ID.

DRAFT 3-20-14

**RESOLUTION TO SUPPORT INSURANCE
COVERAGE FOR LOW INCOME IDAHOANS**

WHEREAS, by providing insurance coverage for individuals and families with incomes between 0% and 100% of the federal poverty level, Idaho will see a significant positive economic impact in savings and tax revenue over ten years and an estimated 16,000 new jobs across all sectors; and

WHEREAS, providing coverage for low income Idahoans will provide a transformed system of healthcare delivery based on personal accountability for the eligible uninsured, 64% of whom are employed; and

WHEREAS, insurance coverage will ensure these individuals have access to appropriate levels of healthcare services in the most cost effective settings, to not only improve the quality of life for their families, but also reduce costs to the system; and

WHEREAS, the goal of expanding insurance coverage in Idaho is to improve health status for all Idaho individuals, families, communities and workers; and

WHEREAS, providing insurance coverage to low income individuals and families will remove the tax burden to Idaho taxpayers for the nearly \$70 million annually that is currently being paid by the county indigent and state catastrophic care program; and

WHEREAS, expanded insurance coverage and subsequent repeal of the State of Idaho Catastrophic Health Care Cost Program (CAT) and the County Medically Indigent Statute will result in a projected savings of \$518,400,000 in State general funds and savings at the county level of \$478,100,000 between January 1, 2014 to June 30, 2024.¹;

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health supports providing insurance coverage to individuals and families whose incomes are between 0% and 100% of the federal poverty level in order to ensure access to health care with the most cost effective healthcare service delivery system.

[Idaho Association of District Boards of Health - May 2014](#)

Resources

Statement of Purpose, H0308; 2013 Idaho Legislative Session.

Helpful Links to Medicaid Resources:

Toolkit - [Center for Budget and Policy Priorities – Health Reform’s Medicaid Expansion – A Toolkit for State Advocates](#)

Map - [Center for Budget and Policy Priorities – Status of ACA Medicaid Expansion brief \(updated weekly\)](#)

Data - [American Cancer Society Cancer Action Network – Public Perceptions on Medicaid Expansion Report](#)

Data - [Congressional Budget Office – Spending & Enrollment Detail for Medicaid - February 2013 baseline data](#)

Toolkit - [National Health Law Center – Medicaid Expansion Toolbox](#)

Toolkit - [National Health Law Center – Medicaid Expansion Toolbox – State Resources](#)

Brief - [Center for Budget and Policy Priorities – How Health Reform’s Medicaid Expansion will Impact State Budgets](#)

Brief - [Center for Budget and Policy Priorities – Why a State’s Health Insurers Should Support Expanding Medicaid](#)

Brief - [Center for Budget and Policy Priorities – Guidance on Analyzing and Estimating the Cost of Expanding Medicaid](#)

Brief - [AARP “The Implications of Expanding Medicaid for Uninsured Low-Income Midlife Adults”](#)

DRAFT 4-4-13

DRAFT 2-12-14

RESOLUTION TO SUPPORT MEDICAID EXPANSION REDESIGN
IN IDAHO

WHEREAS, with Medicaid expansion redesign, Idaho will see a positive economic impact of \$622 million in savings and tax revenue over ten years and 16,000 new jobs across all sectors, and

WHEREAS, the Medicaid expansion design procure program will provide a transformed system of healthcare delivery based on personal accountability for the eligible uninsured in Idaho, 64% of whom are employed, and

WHEREAS, the revamped system will ensure these individuals have access to appropriate levels of healthcare services in the most cost effective settings, to not only improve the quality of life for their families, but also reduce costs to the system, and

WHEREAS, the goal of Medicaid expansion redesign in Idaho is to improve health status for all Idaho individuals, families, communities and workers, and

WHEREAS, Medicaid expansion redesign would remove the tax burden to Idaho taxpayers for the nearly \$70 million that is currently being paid by the county indigent and state catastrophic care program, as 90% of these patients would qualify for Medicaid. expansion:

WHEREAS, with Medicaid expansion redesign and repeal of the Idaho Catastrophic Health Care Cost Program, the projected savings at the county level alone between the years 2014 – 2024 could be as much as \$478,100,000. (Number taken from Statement of Purpose, H0308)

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health, support Medicaid Expansion Redesign in Idaho which will provide cost effective healthcare services for low income, uninsured Idahoans.

Resolution to Support Purchasing Healthier Food Options with the Idaho Supplemental Nutrition Assistance Program (Idaho Food Stamp)

WHEREAS, obesity continues to be a leading cause of preventable disease and death in the United States and in Idaho. In Idaho, 27% of adults are obese while 62.3% of adults are either overweight or obese¹; and

WHEREAS, 29% of Idaho third grade students were classified as overweight or obese in 2011-12², and 23% of ninth through twelfth grade Idaho high school students were classified as overweight or obese³; and

WHEREAS, 82.5% of Idaho adults do not eat the minimum recommended servings of fruits and vegetables each day¹ and only 19% of ninth through twelfth grade Idaho high school students ate fruits and vegetables five or more times during the seven days prior to completing the Youth Risk Behavior Survey³; and

WHEREAS, limited access to healthy, affordable foods and increased consumption of sugary drinks and less nutritious foods contributes to an increase in obesity rates; and

WHEREAS, U.S. medical costs associated with obesity in 2008 were estimated at \$147 billion⁴; and

WHEREAS, there is no single or simple solution to address the obesity epidemic, however experts recommend a collaborative approach utilizing policy and environmental strategies; and

WHEREAS, as reported by the Idaho Department of Health and Welfare, the Supplemental Nutrition Assistance Program (SNAP), helps low-income families buy food. Approximately 13.6% of Idaho's state population is enrolled in SNAP as of February 2014⁵, and

WHEREAS, the State of Idaho does not have a policy regarding promotion of healthy food choices for those participating in SNAP.

THEREFORE, BE IT RESOLVED, that the Idaho Association of Local Boards of Health supports and encourages enactment of policies that improve access and encourage choice of healthier food options for individuals utilizing SNAP as one strategy to address rising obesity rates.

¹ Idaho Behavioral Risk Factors: Results from the 2011 Behavioral Risk Factor Surveillance System. Boise, Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, 2011.

² Division of Public Health, Bureau of Community and Environmental Health. Idaho 3rd Grade Body Mass Index (BMI) Assessment 2011-2012 School Year: Idaho Department of Health and Welfare.

³ Centers for Disease Control and Prevention. 2011 Youth Risk Behavior Survey. Available at: www.cdc.gov/yrbs. Accessed on March 6, 2014.

⁴ Finkelstein, EA, Trogon, JG, Cohen, JW, and Dietz, W. Annual medical spending attributable to obesity: Payer- and service-specific estimates. *Health Affairs* 2009; 28(5): w822-w831.

⁵ Idaho Department of Health and Welfare. Food Stamps Participation by County. Available at: www.healthandwelfare.idaho.gov/foodcasshassistance/FoodStamps/tabid/90/Default.aspx. Accessed on March 6, 2014.

Resolution to Support Purchasing Healthier Food Options with Idaho Food Stamp Benefits

WHEREAS, obesity continues to be a leading cause of preventable disease and death in the United States and in Idaho. In Idaho, 27% of adults are obese while 62.3% of adults are either overweight or obese¹; and

WHEREAS, 29% of Idaho third grade students were classified as overweight or obese in 2011-12², and 23% of ninth through twelfth grade Idaho high school students were classified as overweight or obese³; and

WHEREAS, 82.5% of Idaho adults do not eat the minimum recommended servings of fruits and vegetables each day¹ and only 19% of ninth through twelfth grade Idaho high school students ate fruits and vegetable five or more times during the seven days prior to completing the Youth Risk Behavior Survey³; and

WHEREAS, limited access to healthy, affordable foods and increased consumption of sugary drinks and less nutritious foods contributes to an increase in obesity rates; and

WHEREAS, U.S. medical costs associated with obesity in 2008 were estimated at \$147 billion⁴; and

WHEREAS, there is no single or simple solution to address the obesity epidemic, however experts recommend a collaborative approach utilizing policy and environmental strategies; and

WHEREAS, as reported by the Idaho Department of Health and Welfare, the Idaho Food Stamp Program helps low-income families buy food. Approximately 13.6% of Idaho's state population is enrolled in the Idaho Food Stamp Program as of February 2014⁵, and

WHEREAS, the State of Idaho does not have a policy regarding promotion of healthy food choices for those participating in the Idaho Food Stamp Program.

THEREFORE, BE IT RESOLVED, that the Idaho Association of Boards of Health supports and encourages enactment of policies that improve access and encourage choice of healthier food options for individuals utilizing the Idaho Food Stamp Program as one strategy to address rising obesity rates.

¹ Idaho Behavioral Risk Factors: Results from the 2011 Behavioral Risk Factor Surveillance System. Boise: Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, 2011.

² Division of Public Health, Bureau of Community and Environmental Health. Idaho 3rd Grade Body Mass Index (BMI) Assessment 2011-2012 School Year: Idaho Department of Health and Welfare.

³ Centers for Disease Control and Prevention. 2011 Youth Risk Behavior Survey. Available at: www.cdc.gov/yrbs. Accessed on March 6, 2014.

⁴ Finkelstein, EA, Trogon, JG, Cohen, JW, and Dietz, W. Annual medical spending attributable to obesity: Payer- and service-specific estimates. *Health Affairs* 2009; 28(5): w822-w831.

⁵ Idaho Department of Health and Welfare. Food Stamps Participation by County. Available at: www.healthandwelfare.idaho.gov/foodcashassistance/FoodStamps/tabid/90/Default.aspx. Accessed on March 6, 2014.

DRAFT 3-21-14

**RESOLUTION TO OPPOSE LEGALIZATION OF MARIJUANA
IN IDAHO**

WHEREAS, Marijuana places a significant strain on our health care system, and poses considerable danger to the health and safety of the users themselves, their families, and our communities. Marijuana use, particularly long-term, chronic use that began at a young age, can lead to dependence and addiction.(i); and

WHEREAS, Marijuana use is associated with addiction,(ii) respiratory illnesses,(iii) and cognitive impairment.(iv); and

WHEREAS, Studies also reveal that marijuana potency has almost tripled over the past 20 years,(v) raising serious concerns about implications for public health – especially among adolescents, for whom long-term use of marijuana may be linked with lower IQ (as much as an average 8 point drop) later in life.(vi); and

WHEREAS, Scientific research shows that legality increases the availability and acceptability of drugs, as we see with alcohol and tobacco – which far outpaces the use of illegal drugs.(vii) ;and

WHEREAS, Increased consumption leads to higher public health and financial costs for society. Addictive substances like alcohol and tobacco, which are legal and taxed, already result in much higher social costs than the revenue they generate. The cost to society of alcohol alone is estimated to be more than 15 times the revenue gained by their taxation.(viii);

THEREFORE BE IT FURTHER RESOLVED that the Idaho Association of District Boards of Health oppose legalization of marijuana because legalization would increase the availability and use of illicit drugs, and pose significant health and safety risks to our population.

- (i) Anthony, JC, Warner, LA, and Kessler, RC (1994) Comparative Epidemiology of Dependence on Tobacco, Alcohol, Controlled Substances, and Inhalants: Basic Findings from the National Comorbidity Survey, *Experimental and Clinical Psychopharmacology* 2(3):244-268.
- (ii) Anthony, JC, Warner, LA, and Kessler, RC (1994) Comparative Epidemiology of Dependence on Tobacco, Alcohol, Controlled Substances, and Inhalants: Basic Findings from the National Comorbidity Survey, *Experimental and Clinical Psychopharmacology* 2(3):244-268.
- (iii) Polen MR, Sidney S, Tekawa IS, Sadler M, Friedman GD. Health care use by frequent marijuana smokers who do not smoke tobacco. *West J Med* 158(6):596–601, 1993. Available at <http://www.ncbi.nlm.nih.gov/pubmed/8337854>
- (iv) Meier et al., “Adolescent-onset cannabis and neuropsychological health.” *Proceedings of the National Academy of Sciences*. [August 27, 2012].
- (v) Mehmedic, Zlatko, et al., “Potency Trends for Δ^9 -THC and Other Cannabinoids in Confiscated Cannabis Preparations from 1993 to 2008.” *Journal of Forensic Sciences*, Vol. 55, No. 5. [September 2010].
- (vi) Meier et al., “Adolescent-onset cannabis and neuropsychological health.” *Proceedings of the National Academy of Sciences*. [August 27, 2012].
- (vii) Substance Abuse and Mental Health Services Administration. *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*. U.S. Department of Health and Human Services. [September 2012].
- (viii) Ellen E. Bouchery, Henrick J. Harwood, Jeffrey J. Sacks, Carol J. Simon, Robert D. Brewer. *Economic Costs of Excessive Alcohol Consumption in the U.S., 2006*. *American Journal of Preventive Medicine* - November 2011 (Vol. 41, Issue 5, Pages 516-524, DOI: 10.1016/j.amepre.2011.06.045). Available: [http://www.ajpmonline.org/article/S0749-3797\(11\)00538-1/fulltext](http://www.ajpmonline.org/article/S0749-3797(11)00538-1/fulltext)

Res. 08-01

**RESOLUTION TO SUPPORT A
FOOD ESTABLISHMENT LICENSE FEE INCREASE**

WHEREAS, protecting the public from the hazards of food borne illness and disease is a primary function of Idaho's Public Health Districts; and

WHEREAS, the Centers for Disease Control and Prevention estimates that one in six Americans, or 48 million people, get sick from foodborne illnesses every year. Approximately 128,000 of these are hospitalized and 3,000 die; and

WHEREAS, the annual dollar costs of foodborne illnesses in terms of medical expenses and lost wages and productively range from \$51 to \$77.7billion; and

WHEREAS, it is well recognized that foodborne outbreaks can be devastating to a food establishment business; and

WHEREAS, the Public Health Districts are committed to providing an appropriate balance between code enforcement and education; and

WHEREAS, the food protection system in Idaho presently meets generally accepted state and national standards; and

WHEREAS, the Public Health Districts are mandated by the Idaho Food Code to perform at least one food safety inspection per year for each licensed food establishment, but current funding is inadequate to cover the cost of this service;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports license fees equivalent to the actual costs for Public Health that are unified between all Health Districts to deliver Idaho's food safety inspection program.

Adopted by the Idaho Association of District Boards of Health

June 2013

(Replaces Resolution 96-02, 01-01, and 08-01))

Res. 08-01

**RESOLUTION TO SUPPORT A
FOOD ESTABLISHMENT LICENSE FEE INCREASE**

WHEREAS, protecting the public from the hazards of food borne illness and disease is a primary function of Idaho's Public Health Districts; and

WHEREAS, the Centers for Disease Control and Prevention estimates that one in six Americans, or 48 million people, get sick from foodborne illnesses every year. Approximately 128,000 of these are hospitalized and 3,000 die; and

WHEREAS, the annual dollar costs of foodborne illnesses in terms of medical expenses and lost wages and productivity range from \$51 to \$77.7 billion; and

WHEREAS, it is well recognized that foodborne outbreaks can be devastating to a food establishment business; and

WHEREAS, the Public Health Districts are committed to providing an appropriate balance between code enforcement and education; and

WHEREAS, the food protection system in Idaho presently meets generally accepted state and national standards; and

WHEREAS, the Public Health Districts are mandated by the Idaho Food Code to perform at least one food safety inspection per year for each licensed food establishment, but current funding is inadequate to cover the cost of this service;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports license fees equivalent to one half of the actual costs for Public Health that are unified between all Health Districts to deliver Idaho's food safety inspection program.

Adopted by the Idaho Association of District Boards of Health

June 2013

(Replaces Resolution 96-02, 01-01, and 08-01)