

16-X: Resolution to Support Raising the Minimum Age of Legal Access and Use of Tobacco Products in Idaho to Age 21

Res. 16-X

RESOLUTION TO SUPPORT RAISING THE MINIMUM AGE OF LEGAL ACCESS AND USE OF TOBACCO PRODUCTS IN IDAHO TO AGE 21

WHEREAS, Tobacco remains the leading cause of preventable disease and premature death in the U.S., and one of the largest drivers of health care costs¹, and

WHEREAS, Each year approximately 1,800 Idahoans die from tobacco use and 1,100 Idaho youth become new regular, daily smokers, of whom one-third will die prematurely because of this addiction², and

WHEREAS, 95% of current adult smokers began using tobacco before age 21, and the ages of 18 to 21 are a critical period when many experimental smokers transition to regular, daily use³, and

WHEREAS, Adolescents are more likely to obtain cigarettes from social sources than through commercial transactions, and youth who reported receiving offers of cigarettes from friends were more likely to initiate smoking and progress to experimentation³. Raising the legal age of access to 21 would reduce the likelihood that young people would have access to tobacco products through social sources, and

WHEREAS, A growing number of youth and adults are using electronic vapor products, also known as e-cigarettes or electronic nicotine delivery systems (ENDS), which provide a way to deliver the addictive nicotine substance without burning tobacco. In Idaho, e-cigarettes are the most commonly used “tobacco” product among Idaho students: 24.8% of students used an electronic vapor product in the past 30 days and nearly half of all Idaho high school students have used an electronic vapor product at least once during their lifetime⁴, and

WHEREAS, the American Academy of Pediatrics now strongly recommends the minimum age to purchase tobacco products, including e-cigarettes, should be increased to age 21 nationwide⁵, and

WHEREAS, the U.S. Army Public Health Command says soldiers who smoke are less combat ready and take longer to heal and the U.S. Department of Defense is taking steps to ban all tobacco sales on military bases⁶, and

WHEREAS, 131 cities in nine states, and the State of Hawaii have already raised the minimum age of legal access to tobacco products, and several other states are currently considering legislation to do so, and

WHEREAS, Smoking-caused health costs in Idaho total more than \$508 million per year, including more than \$100.5 million in state and federal Medicaid expenditures, and raising the age of legal access to tobacco products to age 21 will likely decrease overall tobacco use rates, which in turn will likely lead to reduced future tobacco-related health care costs², and

WHEREAS, The tobacco industry aggressively markets and promotes its products to continue recruiting young adults as new consumers. Despite legal settlements and laws, the tobacco companies still spend \$9.6 billion per year to market their deadly and addictive products, and they continue to entice and addict America's youth. According to the U.S. Surgeon General, the more young people are exposed to cigarette advertising and promotional activities, the more likely they are to smoke. More than 80% of underage smokers choose brands from among the top three most heavily advertised⁷, and

WHEREAS, The Institute of Medicine concluded that raising the age of legal access to tobacco products to 21 years of age will likely prevent or delay initiation of tobacco use by adolescents and young adults, immediately improve the health of adolescents and young adults, improve maternal, fetal, and infant health outcomes, and substantially reduce smoking prevalence and smoking-related mortality over time. The Institute of Medicine also predicted that raising the age now to 21 nationwide would result in approximately 249,000 fewer premature deaths, 45,000 fewer deaths from lung cancer, and 4.2 million fewer years of life lost for those born between 2000 and 2019⁸.

THEREFORE, BE IT RESOLVED, that the Idaho Association of Boards of Health endorses raising the minimum age of legal access and use of tobacco products, including electronic vapor products, in Idaho to 21 years of age. District public health staff will actively engage in local and statewide efforts to support this public health policy.

1 – U.S. Department of Health and Human Services. [The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General.](http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm) (http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm) Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

2 – The Toll of Tobacco in Idaho. (2015). Retrieved from www.tobaccofreekids.org.

3 – Knox, B. (2016). Increasing the Minimum Legal Sale Age for Tobacco Products to 21. Retrieved from www.tobaccofreekids.org.

4 – Idaho State Department of Education, Idaho Youth Risk Behavior Survey. (2015). Retrieved from <https://sde.idaho.gov/student-engagement/shared/2015-Youth-Risk-Behavior-Survey-Results.pdf>.

5- American Academy of Pediatrics, Julius B. Richmond Center of Excellence. Tools and Information, Tobacco 21. Retrieved from <http://www2.aap.org/richmondcenter/Tobacco21.html>.

6 – U.S. Army. Stand-To! Edition November 20, 2012. Retrieved from <http://www.army.mil/standto/archive/issue.php?issue=2012-11-20>.

7 – Tobacco Industry Marketing. Retrieved from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/marketing/index.htm.

8 – Institute of Medicine. Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products. Washington, D.C: The National Academies of Press, 2015. doi: 10.17226/18997.

16-X: Resolution to Support Health Insurance Coverage for Low Income Idahoans

Res. 16-X

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

WHEREAS, according to the World Health Organization, public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. This includes assuring that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services.¹

WHEREAS, the mission of Idaho's local public health districts includes preventing disease, disability, and premature death;

WHEREAS, it is estimated that 78,000 low income Idahoans do not have health insurance coverage.²

WHEREAS, lack of health insurance is associated with as many as 44,789 deaths per year in the United States;³

WHEREAS, health insurance coverage is strongly related to better health outcomes for both children and adults when it makes health care affordable and helps consumers use care appropriately;⁴

WHEREAS, it is estimated that between 76 and 179 will die annually if Idaho does not expand Medicaid;⁵

WHEREAS, the increased risk of death attributable to uninsurance suggests that alternative measures of access to medical care for the uninsured, such as community health centers, do not provide the protection of private health insurance.³

WHEREAS, with expanded insurance coverage offered through Your Health Idaho, the state catastrophic health care program and county medically indigent program saw a 30% reduction in costs in the first year.⁶

WHEREAS, health insurance coverage for the 78,000 Idahoans who fall in the coverage gap would remove the tax burden to Idaho taxpayers for the nearly \$36 million that is currently being paid by the state catastrophic health care program and county medically indigent program⁶; and

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health supports providing health 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.

¹World Health Organization, Trade, foreign policy, trade and health: Public Health, <http://www.who.int/trade/glossary/story076/en/.html>. Accessed on March 15, 2016.

²Idaho Workgroup on Medicaid Redesign Options to Provide Healthcare Services to Low-income Idaho Adults, Report 2, December 4, 2014, <http://gov.idaho.gov/pdf/1204%20Medicaid%20Workgroup%20Report.pdf>.

³Wilper, A. P., Woolhandler, S., Lasser, K. E., McCormick, D., Bor, D. H., & Himmelstein, D. U. (2009). "Health Insurance and Mortality in US Adults," American Journal of Public Health, 99(12), 2289–2295, <http://doi.org/10.2105/AJPH.2008.157685> and <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2775760/>.

⁴Bernstein, J., Chollet, D., & Peterson, S. "Does Insurance Coverage Improve Health Outcomes?" Mathematica Policy Research, Inc., no.1, April 210, http://www.mathematica-mpr.com/~media/publications/PDFs/health/reformhealthcare_ib1.pdf.

⁵From Peterson, S. Presentation: "The Economic Impacts of Medicaid and Proposed Medicaid Expansion Presented to: The Governor's Workgroup to Evaluate Medicaid Eligibility Redesign Options", pg 18, August 14, 2014, http://www.healthandwelfare.idaho.gov/Portals/0/AboutUs/FromTheNewsroom/0814_PetersonMedicaidExp.pdf.

⁶Christensen, Roger S. Catastrophic Health Care Cost Program, Joint Finance & Appropriations Committee Presentation, January 21, 2016, <http://gov.idaho.gov/pdf/1204%20Medicaid%20Workgroup%20Report.pdf>. Accessed March 16, 2016.

16-X: Resolution to Eliminate the Food Establishment License Fee in Idaho Code

Res. 16-X

**RESOLUTION TO REMOVE THE FOOD ESTABLISHMENT
LICENSE FEE IN IDAHO CODE**

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 die¹; and

WHEREAS, foodborne illness poses a \$77.7 billion economic burden in the United States annually², 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 removing food establishment license fees in Idaho Code and allowing the local boards of health to establish a fee based on the actual cost to deliver the food safety inspection program.

¹Centers for Disease Control and Prevention. “Estimates of Foodborne Illness in the United States,” page last updated January 8, 2014, accessed March 16, 2016, <http://www.cdc.gov/foodborneburden/>.

²Bottemiller, H. “Annual Foodborne Illnesses Cost \$77 Billion, Study Finds, Food Safety News,” (January 3, 2012), accessed March 16, 2016. <http://www.foodsafetynews.com/2012/01/foodborne-illness-costs-77-billion-annually-study-finds/#.Vum0BNrKcN>.