

Communiqué

June 2023



PRESIDENT'S MESSAGE

Dan Luebbert

Deputy Director, Platte County Health Department

As I write this, it's 3:50 AM and I'm awake because I'm in the process of passing a kidney stone. I first passed a kidney stone when I was 21 years old and returning from a trip to New Orleans with friends. The pain was agonizing and I had no idea what was happening. I convinced my friends to get me to the nearest hospital, which happened to be in West Plains. As I stood up after exiting the car, I felt a gurgling sensation in my lower abdomen and the pain was instantly gone. I sheepishly went inside the Emergency Department anyway and described my symptoms, then promptly passed the stone into a specimen container. I love that hospital to this day.

The following day, I visited my primary care physician in Jefferson City, although we just called him our Doctor back then. He was an older gentleman with a sense of humor and suggested I drink more beer. Terrible advice, but music to a 21-year old's ears. "Dad, the Doctor told me I need to drink more beer. I'm sorry. Doctor's orders."

Now, at this point in my life nearly 37 years later, I've passed about 30 kidney stones, give or take a few. I don't recommend it. This latest stone decided to make its presence known after a short trip to Las Vegas. I'm beginning to develop an aversion to travel. Being dehydrated isn't good for a kidney stone passer and where better to get dehydrated than a city in the desert.

What's the point of all this? There is no point. I'm just having a hard time focusing on anything else. However, I have learned (slowly) that I'm a slow learner. I think I finally get it. I need to reduce the amount of sodium in my diet and drink more water. One thing I did learn early on though is that you should hang out with smart people who work hard and take good notes. Folks like Michelle Morris, Kristi Campbell, and Becky Hunt and all of the committee members leading the merger of MPHA and MoALPHA.

Due in large part to their efforts, we have completed the draft of the Mission, Vision, and Values Statement for the new association. Plus, we have staffed the subcommittees, some of which have already met. Becky and the Public Health Directors in the Southeastern part of the State have each volunteered to serve on a subcommittee. There's no better way to have your voice heard and to help shape the future of our new association. If you've been thinking about volunteering, we can still use your help. If you're interested, send Sandy or me an email at sboeckman@mopha.org or dan.luebbert@plattehealth.com, respectively.



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Calendar of Events

July 6, 2023

Board Meeting

MPHA Office, Jefferson City ~ 10:00 am

September 18, 2023

Board Meeting

MPHA Office, Jefferson City ~ 10:00 am

September 19-20, 2023

Joint Public Health Conference

"Creating the Healthiest Missouri"

Holiday Inn Executive Center
Columbia, MO

November 12-15, 2023

APHA Annual Meeting

"Creating the Healthiest Nation"

Atlanta, GA

PRESIDENT'S MESSAGE

Dan Luebbert

Deputy Director, Platte County Health Department

Later in June, be on the lookout for a message from the Communications Subcommittee with more detailed information about what has been accomplished so far and who is serving on the subcommittees. Be good to one another and have a great Summer! As for me, I'm going to get back to focusing on this darn kidney stone.

Take care,



Dan Luebbert, President
Missouri Public Health Association



APHA 2023

ANNUAL MEETING & EXPO
ATLANTA | NOV. 12 – 15

CREATING THE HEALTHIEST NATION
OVERCOMING SOCIAL & ETHICAL CHALLENGES

ENGAGE, COLLABORATE, GROW

End of Session Legislative Report

Governmental Services Group



Friday, May 12th, just before 6 p.m., the 102nd Missouri General Assembly concluded its legislative session. The session was not a successful one for the Republican supermajority, due in large part by the hostile actions of a few Senators and Representatives. The infighting caused by these individuals led to a lot of priority legislation for Republicans being killed towards the end of the process. This has been a common theme in recent legislative sessions, where the legislature has essentially split into three parties. The Republicans, conservative caucus Republicans (supposedly disbanded but still very active), and the minority Democrats have pulled the state government in various directions. The splits varied from spending priorities (see Senator Lincoln Hough investing millions statewide to move Missouri forward), culture wars, and even the productivity of the legislature as a matter of process.

Notably absent from the slate of truly agreed and finally passed bills were sports wagering, initiative petition reform, open-enrollment, personal property tax reform, and tort reform. All of these items were priority items for the majority, and

a lot of the delay was caused from the days of filibustering on the Senate floor and jockeying for position on House versus Senate bills by House leadership in the final days.

The only major policy to pass, thus avoiding a special session, was both limiting transgender athlete participation in women's sports, SB 39, and limitations on hormone treatment and transition surgeries before the age of 18, SB 49, sponsored by Senators Thompson Rehder and Moon, respectively. Senator Moon's SB 49 does have a sunset of August 28, 2027, and would also allow for hormonal treatment to continue should those individuals have began treatment prior to August 28, 2023. Additionally, the bill would ban any transition from being covered by Missouri Medicaid under MO HealthNet.

Passing this priority bill would suggest that we have avoided a special session, which was threatened by the Governor over the lack of passing this provision. Still, of the more than 3,000 non-budget bills filed in the 2023 session of the Missouri General Assembly, only 43 found their way across the finish line and to the Governor's desk. In terms of the general consensus, many in Jefferson City are openly wondering if this is such a bad thing. Bills were vetted much more than in previous years, both by putting good chairpersons in charge of committees by Speaker

Plocher, as well as regular infighting and filibustering by the various Senate factions. The end result is, as I've mentioned in previous years, a bottleneck effect at the end of session, where it all comes down to a few omnibus bills jumping chambers as the only real way of getting your policy bills passed into law.

Until the final few weeks and again in the few remaining hours of session, where Senators Eigel, Hoskins, and Moon were holding bills hostage to try to pass their priorities, it was a relatively smooth session. Do not expect this going into a heated 2024 election cycle, where the majority of Republican priorities did not pass. You can expect the infighting to reach a fever pitch as members attempt to make the jump to higher office and actively campaign during the session, competing for airtime and PAC money.

I, for one, look forward to catching up on some much-needed rest and hope everyone has a great week. As always, if you have any questions on any specific legislation that has passed, feel free to reach out to me at your convenience.

It is an honor to be your advocate in Jefferson City, and look forward to working with you in the interim.

Appropriations

There was \$2,300,000 for aid to local public health agencies along

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with \$3,800,00 for Local Public Health Enhancements

These increases are included in the final version of HB 10, which has been Truly Agreed to and Finally Passed.

Legislation

MO HealthNet Postpartum Benefits

Currently, low-income pregnant and postpartum women receiving benefits through MO HealthNet for Pregnant Women or Show-Me Healthy Babies are eligible for pregnancy-related coverage throughout the pregnancy and for 60 days following the end of the pregnancy. Under this act, MO HealthNet coverage for these low-income women will include full Medicaid benefits for the duration of the pregnancy and for one year following the end of the pregnancy. The Department shall submit any necessary state plan amendments or waivers, as described in the act.

This provision has an emergency clause.

This provision was Truly Agreed to and Finally Passed in SB 45 and SB 106.

Interstate Medical Licensure Compact

This act modifies provisions relating to physician licensure reciprocity. Under this act, those applicants for licensure who are licensed in another state, territory, or branch or unit of the military for

at least one year may submit to the Board of Registration for the Healing Arts an application and proof of current licensure. The Board shall, within 6 months of receipt of the application, waive any examination, educational, or experience requirements for licensure in this state as described in the act, but may require the applicant to take and pass an examination specific to the laws of Missouri. In the case of an applicant who is a nonresident or resident military spouse, the Board shall waive any examination, educational, or experience requirements for licensure within 30 days of receipt of the application.

Additionally, this act adopts the "Interstate Medical Licensure Compact". The purpose of the compact is to strengthen access to health care and streamline the licensure process. The compact sets forth the requirements to be met in order for a state to join the compact. Each member state shall require an applicant for a physician license to obtain or retain a license in the state of principal residence and meet that state's qualifications for licensure or renewal of licensure as well as all other applicable laws. Physicians seeking to practice in member states shall obtain an expedited license with the board of the principal state and register to receive a license with a member state. This license shall authorize the physician to practice medicine in the issuing state. An expedited license shall be

terminated if the physician fails to maintain a license in the state of principal licensure.

The compact creates a joint public agency known as the Interstate Medical Licensure Compact Commission. The Commission has powers and duties listed in the compact and shall enforce the provisions and rules of the compact. The compact shall come into effect on the date on which the compact is enacted into law in the seventh member state. Any member state may withdraw from the compact by enacting a statute repealing the same. The compact shall be binding upon member states and shall supersede any conflict with state law.

This bill was Truly Agreed to and Finally Passed in SB 70.

Lead Poisoning

Currently, the Department of Health and Senior Services, in collaboration with the Department of Social Services and other health care organizations, shall develop an educational strategy to increase the number of children who are tested for lead poisoning under the Medicaid program. This act repeals a provision describing the goals and timelines of the educational strategy.

Under this act, every medical provider serving children shall annually provide education to all parents and guardians of children under 4 years of age regarding lead

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hazards and provide the option to test every child under 4 years of age with the consent of the parent or guardian. This act repeals the requirement that parents or guardians provide a written statement refusing lead testing.

This act repeals provisions requiring all children less than 6 years of age who reside or spend more than 10 hours a week in a high-risk area to be annually tested for lead poisoning. Instead, every child under 6 years of age shall be annually assessed for lead poisoning risk and may be tested with the consent of the child's parent or guardian.

Finally, every childcare facility located in a geographic area of high risk for lead poisoning shall, within 30 days of enrollment of a child aged 12 months of age or older and under 5 years of age, require the child's parents or guardians to provide evidence of lead poisoning testing or a statement of refusal of such testing.

This bill was Truly Agreed to and Finally Passed in SB 106.

Breast Examinations

This act prohibits certain mammography facilities from requiring a referral from a primary care provider for a screening mammogram that is consistent with the recommendations in the most recent guidelines established by the U. S. Preventive Services Task Force.

This act prohibits cost-sharing requirements under coverage for certain low-dose mammography screenings if a separate provision of law prohibits cost-sharing requirements with respect to such coverage. The act also prohibits health carriers from requiring a referral from a primary care provider to obtain a low-dose mammography screening required by law to be covered.

This act prohibits cost-sharing requirements under coverage provided for diagnostic breast examinations, supplemental breast examinations, or low-dose mammography screenings. If these provisions would result in health savings account (HSA) ineligibility, these provisions shall apply to HSA-qualified high-deductible health plans only after the deductible has been met.

This bill was Truly Agreed and Finally Passed in SB 106.

Operating Motor Vehicles While using Electronic Communication Devices

This act repeals the current prohibitions against operation of motor vehicles while using handheld electronic wireless communications devices (Section 304.820), as defined by law, and enacts different prohibitions in lieu thereof (Section 304.822).

The act creates the "Siddens Bening Hands Free Law", which prohibits a number of uses of electronic communication devices

while operating motor vehicles, as detailed in the act, as well as provides exceptions.

The act specifies penalties for violations of these provisions, including enhanced penalties for repeat offenders, violations occurring in a work zone when workers are present, violations occurring in a school zone, and violations that are the proximate cause of property damage, personal injury, or death.

Law enforcement officers who stop a noncommercial motor vehicle for a violation of these provisions shall inform the operator of the operator's right to decline a search of their device, and shall not access the device without a warrant or confiscate the device while awaiting issuance of a warrant.

Violations of these provisions shall not be used to establish probable cause for any other violation, and the provisions of the act shall be subject to racial bias reporting as required by law.

This act preempts local regulation of the use of electronic communication devices by the operators of vehicles.

This provision was Truly Agreed to and Finally Passed in SB 190.

SAFE Act

This act establishes the "Missouri Save Adolescents from Experimentation (SAFE) Act".

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Under this act, no health care provider shall perform gender transition surgeries on any minor. Until August 28, 2027, no health care provider shall prescribe or administer cross-sex hormones or puberty-blocking drugs to a minor for a gender transition, unless such minor was receiving such treatment prior to August 28, 2023.

A violation of these provisions shall be considered unprofessional conduct and shall result in the revocation of the health care provider's professional license. Additionally, the prescription or administration of cross-sex hormones or puberty-blocking drugs to a minor for a gender transition shall be grounds for a cause of action against the health care provider, as described in the act. These provisions shall not apply to speech protected by the First Amendment.

These provisions shall not apply to services for minors born with medically verifiable disorders of sex development; treatment of any infection, injury, disease, or disorder caused or exacerbated by gender transition surgeries, drugs, or hormones; or procedures undertaken because the minor suffers from a condition that would place him or her in imminent danger of death or impairment of a major bodily function unless surgery is performed.

Finally, the MO HealthNet program shall not cover gender transition

surgeries, cross-sex hormones, or puberty-blocking drugs for the purpose of a gender transition and health care services provided in prisons, jails, and correctional centers shall not include gender transition surgeries.

This act was Truly Agreed to and Finally Passed in SB 49.

APRN Geographical Proximity

This act modifies collaborative practice arrangements regarding geographic proximity between nurses and physicians. Currently, an advanced practice registered nurse (APRN) and physician in a collaborative practice arrangement shall maintain a geographic proximity of 75 miles of each other, unless otherwise specified in law. Under this act and until August 28, 2025, an APRN and physician may practice within 200 miles by road of each other if the APRN is providing services in a correctional center. An incarcerated patient who requests or requires a physician consultation shall be treated by a physician as soon as appropriate.

This bill was Truly Agreed to and Finally Passed in SB 45 and SB 157.

Administration of Medication by Pharmacists

This act modifies several provisions relating to the administration of medications by pharmacists. First, this act modifies the definition of a medication therapeutic plan by repealing language defining it by the

prescription order so long as the prescription order is specific to each patient for care by a pharmacist. This act also repeals language from current law defining the practice of pharmacy as including the administration of specific vaccines by written physician protocol for specific patients and adds language defining the practice of pharmacy as including the ordering and administering of certain FDA-approved or authorized vaccines to persons at least 7 years of age or the CDC-approved age, whichever is older, pursuant to rules promulgated by the Board of Pharmacy and the Board of Registration for the Healing Arts or rules promulgated under a state of emergency.

Under current law, any pharmacist who accepts a prescription order for a medication therapeutic plan shall have a written protocol from the referring physician. This act repeals this provision and permits a pharmacist with a certificate of medication therapeutic plan authority to provide medication therapy services pursuant to a written physician protocol to patients with an established physician-patient relationship with the protocol physician.

Under this act, a licensed pharmacist may order and administer vaccines approved or authorized by the FDA to address a public health need, as authorized by the state or federal

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government, during a state or federally declared public health emergency.

Finally, a pharmacist with a certificate of medication therapeutic plan authority may provide influenza, group A streptococcus, and COVID-19 medication therapy services pursuant to a statewide standing order issued by the Director of the Department of Health and Senior Services or a physician licensed by the Department.

This provision was Truly Agreed to and Finally Passed in SB 45.

Health Professional Loans and Grants

This act repeals current law relating to student loans for certain health professional students and establishes the "Health Professional Loan Repayment Program". Under this program, the Department of Health and Senior Services shall provide forgivable loans in order to repay existing loans for eligible educational expenses for health professional students.

The Director of the Department shall have the discretion to select the health professionals who are eligible for the forgivable loans in accordance with the greatest need in the best interest of the public. Individuals receiving loans under this program shall agree to serve at least 2 years in an area of defined need as a condition of receipt of the funds, among other criteria

that must be met as delineated in the act.

This bill was Truly Agreed to and Finally Passed in SB 45 and SB 70.

Rural Emergency Hospitals

This act modifies the term "hospital" for purposes of licensure to include facilities designated as rural emergency hospitals by the Centers for Medicare and Medicaid Services.

This bill was Truly Agreed and Finally Passed in SB 45 and HB 402.

Patient Examinations

Under this act, no health care provider, or any student or trainee under the supervision of a health care provider, shall perform a patient examination, defined as a prostate, anal, or pelvic examination, upon an anesthetized or unconscious patient in a health care facility, unless: (1) the patient or person authorized to make health care decisions for the patient gives specific informed consent for nonmedical purposes, (2) the patient examination is necessary for diagnostic or treatment purposes, (3) the collection of evidence through a forensic examination for a suspected sexual assault is necessary because the evidence will be lost or the patient is unable to give informed consent due to a medical condition, or (4) emergency implied consent, as described in the act, is present. A health care provider shall notify a patient of certain examinations

performed.

A health care provider who violates the provisions of this act, or who supervises a student or trainee who violates the provisions of this act, shall be subject to disciplinary action by the provider's licensing board.

This provision was Truly Agreed to and Finally Passed in SB 435, SB 106, and HB 402.

First Responder Classification

This act repeals references to ambulance attendants, drivers, emergency medical technician paramedics, mobile emergency medical technicians, emergency medical technician basic, and EMT intermediate and adds references to paramedics in various statutes relating to emergency medical services. "Telecommunicator first responder" is added to the definition of "first responder" in various provisions of law. Additionally, the Department of Health and Senior Services is required to offer a vaccination program to certain Missouri State Highway Patrol telecommunicators who may be exposed to infectious diseases.

Furthermore, this act provides that political subdivisions may elect to cover telecommunicator first responders as public safety personnel.

This provision was Truly Agreed to and Finally Passed in SB 24.

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Opioid Overdoses

Currently, qualified first responders may obtain and administer naloxone to a person suffering from an apparent narcotic or opiate-related overdose. This act allows first responders to obtain and administer any drug or device approved by the FDA to block the effects of an opioid overdose. Licensed drug distributors or pharmacies may sell such drugs or devices to first responders for this purpose.

Under current law, state or local law enforcement agency staff members are required to act under the directives and protocols of a medical director of a local licensed ground ambulance service in order to administer naloxone or similar drugs or devices to a person suffering from an apparent narcotic or opiate-related overdose. Under this act, state or local law enforcement agency staff members would not need to act under such directives and protocols to administer naloxone or similar drugs or devices.

This act modifies the definition of "opioid antagonist" in a statute relating to standing orders for opioid antagonists. Currently opioid antagonists are defined as naloxone hydrochloride and this act adds any other drug or device approved by the FDA that blocks the effect of an opioid overdose.

Transitional Benefits SNAP, TANF, & Childcare

This act establishes, subject to

appropriations, a transitional benefits program for Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP). Such transitional benefits shall be designed to assist recipients of such programs whose monthly income has exceeded the maximum allowable income for program eligibility to continue receiving reduced benefits, as described in the act. Recipients of transitional benefits shall comply with all requirements of each program for which they are eligible, including work requirements. Transitional benefits received under this act shall not be included in the lifetime limit for TANF benefits.

This bill was Truly Agreed and Finally Passed in SB 45.

Health Professional Loans and Grants

This act repeals current law relating to student loans for certain health professional students and establishes the "Health Professional Loan Repayment Program". Under this program, the Department of Health and Senior Services shall provide forgivable loans in order to repay existing loans for eligible educational expenses for health professional students.

The Director of the Department shall have the discretion to select the health professionals who are eligible for the forgivable loans in accordance with the greatest need

in the best interest of the public. Individuals receiving loans under this program shall agree to serve at least 2 years in an area of defined need as a condition of receipt of the funds, among other criteria that must be met as delineated in the act.

This bill was Truly Agreed to and Finally Passed in SB 45.

Rural Emergency Hospitals

This act modifies the term "hospital" for purposes of licensure to include facilities designated as rural emergency hospitals by the Centers for Medicare and Medicaid Services.

This bill was Truly Agreed and Finally Passed in SB 45 and HB 402.

APRN

This provision modifies licensing and collaborative practice arrangements for advanced practice registered nurses (APRNs). The bill allows an APRN to prescribe Schedule II controlled substances for hospice patients and collaborative practice arrangements between the APRN and the collaborating physician may waive geographic proximity requirements, as specified in the bill, including when the arrangement outlines the use of telehealth and when the APRN is providing services in a correctional center.

Currently, a nurse may be licensed to practice professional or practical

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nursing. This bill adds a license to practice advanced practice nursing and modifies the definitions of APRN and the practice of professional nursing. The bill specifies the requirements for the advanced practice nursing license, including the requirement that an applicant first hold a current registered professional nurse license, and have completed certain graduate level programs and certifications, or hold a

document of recognition to practice as an APRN that is current as of August 28, 2023.

This bill was Truly Agreed and Finally Passed in HB 115.

Assistant Physicians

Currently, a requirement for licensure as an assistant physician is that the applicant must be a graduate of any medical school. This bill provides that the applicant

must be a graduate of a medical school accredited by organizations specified in the bill. The bill repeals a provision of law that authorizes an assistant physician collaborative practice arrangement in any pilot project areas established in which assistant physicians may practice.

This bill was Truly Agreed and Finally Passed in HB 115.

#HealthierMO Update

Jaci McReynolds, Project Manager
#HealthierMO

#HealthierMO continues its work helping local public health agencies operationalize Missouri's Foundational Public Health Services model. Over the past year, the team hosted training and worked with several LPHAs to apply the FPHS framework to daily operations in community partnership development, emergency planning and response, communications, and quality improvement. #HealthierMO has worked extensively with one LPHA to conduct a community health assessment process in alignment with the FPHS model. The initiative will continue to offer these services to LPHAs upon request. LPHAs can reach out to project manager Jaci McReynolds at jmcreeynolds@healthiermo.org for more information.



In addition, #HealthierMO wraps up its work with the Joint Health Disparities Council, along with its partners at MOALPHA and Saint Louis University. The three organizations received a year of grant funding from Ozarks Public Health Institute and the Missouri Department of Health and Senior Services Rural Health Office to convene a health disparities council with representation from LPHAs in

each of Missouri's regions. The Council was tasked with identifying regional health disparities and noting whether there were differences from region to region. The three organizations also provided support for regional meetings, introduced community voice reflections on the COVID-19 response, and offered trainings on empathy, implicit bias, root cause analysis, and issue prioritization. In addition, the Council provided input on proposed leverage points to achieving significant changes in Missouri's public health system. Council members shared best practices with one another and brainstormed solutions to health disparities issues across Missouri. A summary of the Council's work will be provided at the May 31 Health Disparities Summit.

The Health Disparities Summit will also feature presentations on public health ethics in a post-COVID world and motivational interviewing. Video stories featuring health disparities work underway in Missouri will also be highlighted. The summit is free and fully virtual. Register at <https://bit.ly/HD-Summit-May2023>.

Section for Public Health Nursing

Trina D. Teacutter, RN, BSN, SPHN Secretary

Calling All Nurses! Please consider joining the Section for Public Health Nursing (SPHN).

- * Quarterly meetings: 3 by Zoom, 1 in-person annually (optional)
- * Networking with other Public Health Nurses in Missouri
- * Topic of interest presentation at each meeting
- * Recognize Public Health Nurses and Public Health Nurse Leaders with annual awards
- * Help create and update resources: Public Health Nursing Manual, Public Health Nursing Preceptor Orientation Manual, etc.
- * As a member of MPHA and the SPHN, you will also be affiliated with the American Public Health Association (APHA) and their Section of Public Health Nursing
- * All Public Health Nurses are welcome (including school nurses, nurse educators, students enrolled in a school of nursing)
- * Advocate for Public Health Nurse issues in the state

Next Meeting Information:

Thursday, July 27, 2023, 10:00 am - 1:00 pm,
In-Person, at the Cole County Health Department,
3400 West Truman Blvd., Jefferson City, 65109.
There will be a virtual option for joining this meeting as well.

How to Join:

You must be a member of MPHA to be a member of the Section for Public Health Nursing (SPHN), but there are no additional fees to be a member of the Section.

If you are a nurse or nursing student and are currently a member of MPHA, please email Sandra Boeckman, sboeckman@mopha.org, to be added to the Section membership list.

For additional questions or information, please contact Trina Teacutter, SPHN Secretary, at trina.teacutter@como.gov.

Ballot to Implementation: A Program's Journey

Missouri Department of Health & Senior Services

November 10, 2022, the Department posted draft rules for implementing the new provisions of Article XIV of the Missouri Constitution. Following the same processes as were used in previous rulemaking efforts, the Department encouraged feedback from the public regarding the program rules for a two week period in an effort to gather all relevant feedback before filing final rules for formal rulemaking.

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November 6, 2018, 65% of Missouri voters approved constitutional Amendment 2 as Article XIV Section 1. Right to access medical marijuana.



Partially Reprinted; To read the 'Ballot to Implementation: A Program's Journey' from the beginning, visit health.mo.gov/safety/medical-marijuana/journey.php

A Memorial to Two Leaders

Written by Judy Alexiou and Bert Malone

Many MPHA members are saddened to learn of the passing of two stalwart leaders of our organization's past. Both were outstanding members and leaders and we certainly regret their passing.



Ms. Edna Dell Weinel, R.N., passed away on April 28, 2023, at her home in Columbia, Illinois, at the age of 97 years. Edna Dell had an outstanding public health career and served as President of our organization on two different occasions. She began her career as a public

health nurse in Lewis County, Missouri, having obtained her nursing degree at Washington University in St. Louis. Ms. Weinel worked in a variety of roles at Barnes Hospital, including all disciplines of patient care, including psychiatry and general medicine. She went on to lead others at the Visiting Nurse Association which fostered a lifelong commitment on her part to public health. She completed her bachelor's degree and her master of public health degree at the University of Michigan and returned to St. Louis where she taught nursing at St. Louis University. Her passion for patient care led her to serve as the first Director of the Family Care Center (FCC) in Carondelet where she continued to direct care until 1991. In 1986, she was instrumental in representing MPHA before House and Senate Committees of the Missouri General Assembly in the advocacy for the establishment of a separate state public health department, resulting in the establishment that year of the Missouri Department of Health. Her last term as President of MPHA came in that year following her retirement from the FCC in 1991. Her dedication to the mission of public health and her commitment to these ideals will be greatly missed by members and advocates for patient-centered primary care. Many members may be aware of the Edna Dell Weinel Scholarship Fund set up by MPHA to honor Ms. Weinel and to provide support to

public health professionals seeking scholarship support. Anyone wishing to make a contribution to this fund in honor of her may do so at: [MPHA Education Foundation](#).

Another notable loss came with the passing on April 9, 2023, of **Ross Paul Marine**. Ross passed away at age 85 after a long and distinguished career in public health and health care management. He served as hospital administrator at facilities in Illinois, North Dakota, and in Kansas City. He was the CEO of long-term care facilities, a health care consultant and chairman or board member of a number of health care organizations and community groups. He served with distinction as President of MPHA in 2000. In 2001 Ross was named Honorary Consul of the Slovak Republic for the state of Missouri, Iowa, Nebraska and Kansas. Ross received many awards for his commitment and dedication in the fields of public health, aging and serving the medically underserved.

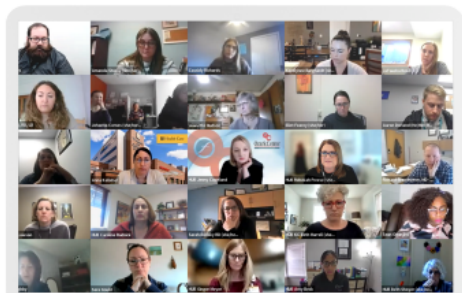


Ross Marine and Edna Dell Weinel are two outstanding examples of stars that shone bright in our field and we, as a Board and as an organization, will certainly miss their continuing contributions. Their legacies, however, will live long after they've gone.

SHOW-ME ECHO

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 Missouri Telehealth Network
University of Missouri



PUBLIC HEALTH in ACTION!

Share photos of your
colleagues working in
public health! Send to
intranet@health.mo.gov



TOBACCO IS CHANGING

Missouri's campaign, "Tobacco is Changing," launched this week to educate parents about the different candy-flavored tobacco products tempting kids into addiction. It is also the reality of the tobacco landscape – especially when it comes to e-cigarettes.

"Remember how shocked you were when you first heard about JUUL, the disposable e-cigarette that looks like a flash drive? Well, that's a drop in the bucket compared to the many shapes that e-cigarettes now take, including smart watches, makeup compacts – they're even hidden in hoodies and backpacks," said Valerie Howard who leads Missouri's Tobacco Prevention and Control program within the Department of Health and Senior Services (DHSS). "When parents familiarize themselves with these new products, they will know what to look for."

E-cigarettes continue to be the tobacco product of choice for teens. The 2021 Missouri Youth Risk Behavioral Survey shows that 40% of Missouri's high school students have tried an e-cigarette, and 19%, or close to one in five, have used an e-cigarette in the last 30 days. There are currently more high school students in Missouri using e-cigarettes than adults who smoke (17%).

Parents can view the tobacco products at TobaccosChangingMO.org. Site visitors will find photos of tobacco products ranging from different varieties of e-cigarettes, little cigars and cigarillos, menthol tobacco products, and even new smokeless tobacco products like toothpicks. In addition, parents can get information on tobacco industry tactics like flavors and packaging, how to talk to their child about this sometimes difficult topic and actions they can take to reduce youth tobacco use and exposure.

In addition to the Comprehensive Cancer Control Program within DHSS, the department's Tobacco Prevention and Control Program has partnered with the Missouri Academy of Family Physicians, Missouri American Academy of Pediatrics, Missouri Association

of Rural Educators, Missouri Departments of Elementary and Secondary Education, Mental Health, Public Safety and Social Services, Missouri Hospital Association, Missouri Parents as Teachers Association, Missouri School Boards Association and Tobacco Free Missouri on this campaign to help educate Missouri parents about youth e-cigarette and other tobacco product use.

The *Tobacco is Changing* site includes a [media toolkit](#) with fact sheets, social media content and videos for communities and partners to use in their own communication efforts.

For more information about the *Tobacco Is Changing* campaign, visit TobaccosChangingMO.org. Free help for teens to quit using e-cigarettes is available by texting VAPEFREEMO to 873873 or at YouCanQuit.org.



AWARD NOMINATIONS

It is not too early to begin submitting nominations for the various awards given by Missouri Public Health Association. This is your opportunity to recognize and reward those among us who have achieved honor in their service to Missouri residents in the field of Public Health.

We are accepting nominations for the following awards:

- **W. Scott Johnson Award** recognizing that individual who has provided a lifetime of service in the field of public health;
- **Robert R. Northcutt Award** made to a policy maker, legislator or elected official who has, through their efforts championed public health;
- **Media Award** for Television, Radio and Print media awards, for their coverage of public health activities that showcased the value of public health;
- **Group Merit Award** to recognize that group of individuals for their actions in support of public health in a collective effort.

Nominations can be made at the following site: [MPHA Award Nomination](#); nominations will be accepted until August 15, 2023.

NEWSLETTER ARTICLES

All members of Missouri Public Health Association are invited to submit articles for our newsletter and we will welcome submissions on any public health related topic.

Please include the following information with your article submission:

- **Name**
- **Professional Affiliation or Academic Institution (if a student)**
- **Title of Article**
- **Reference List**
- **A Headshot or Photo of You Doing Public Health Work**

Please keep your article within 300-500 words. Articles from members will be reviewed by the Missouri Public Health Association Newsletter Editor. Email your articles and any questions to Sandy Boeckman at sboeckman@mopha.org or Abi Padgett at abipadgett.sjmgmt@gmail.com.

FEBRUARY, JUNE, AND OCTOBER ISSUES

NEWSLETTER ARTICLE SUBMISSIONS ARE DUE BY THE FIRST OF THE MONTH, FOR THAT PARTICULAR ISSUE.

MPHA * MOALPHA * MOCPHE * MICH

JOINT PUBLIC HEALTH CONFERENCE

Creating the Healthiest Missouri

*Co-Sponsored by**Missouri Department of Health & Senior Services***September 20–21, 2023**

Holiday Inn Executive Center
2200 I-70 Drive SW
Columbia, MO 65203

Education . Networking . Involvement

- ♦ *Provide information for public health professionals and governing body members, and partnership efforts to enhance the coordination of health and human services for Missourians.*
- ♦ *Provide an environment for information exchange among individuals involved in and impacted by the provision, support and use of public health services.*
- ♦ *Increase individuals' involvement in associations with a commitment to improving the health of all Missourians.*

SPEAKERS

Chris Chanyasulkit, PhD, MPH, President, APHA
Paula Nickelson, Director, MODHSS
Jaci McReynolds, #HealthierMO
Kent A. Rader, Kent Rader Speaks

Register Online Now

www.mopha.org

AMERICA NEEDS PUBLIC HEALTH

*Are YOU a Member of MPHA?
Do You Know Someone That is NOT a Member of MPHA?
Get Involved and Let's Further the Message of
Public Health in Missouri Together!*

MPHA Member Benefits

- Three Newsletters a Year
- Legislative Updates on Missouri Issues
- National Topics Impacting Missourians
- Joint Annual Conference with Public Health Professionals
- Statewide Network of Public Health Professionals



If you are interested in membership in MPHA or know someone who is, please contact Dan Luebbert, Platte County Health Department, 816-858-2412, Dan.luebbert@plattehealth.com.
(MPHA membership form is on the back page and can be returned to the MPHA office.)

New MISSOURI PUBLIC HEALTH ASSOCIATION Members

- * Regular *
- * Organizational *
- * Student *
- * Retired *
- * Public Health Nursing Section *

TOM ROSE, REGULAR MEMBER

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Nicholas A. Collins (2020-2023)

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NOTE: The Executive Committee is made up of the President, President-Elect, Immediate Past President, Vice President, Secretary, Treasurer and the ARGC Representative.

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Dr. Marvia Jones (2022-2024)

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Email tbd

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MPHA FOUNDATION

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MPHA MEMBERSHIP

I want to help fulfill Missouri Public Health Association's mission to promote health in the State of Missouri!

- ☐ Regular/Public Health Nursing Membership - \$60.00
- ☐ Full-Time Student - \$30.00
- ☐ Retiree - \$30.00
- ☐ Yes, I'd Like to make a donation to the MPHA Educational Foundation \$ _____

MEMBER CONTACT INFORMATION

Name _____

Organization/Agency _____

Address _____

City, State _____ Zip _____

Phone _____ Fax _____

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AREAS of PROFESSIONAL INTEREST

(check all those that apply)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Citizen Health Involvement | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Chronic Disease | <input type="checkbox"/> Health Care |
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MEMBERSHIP PAYMENT OPTIONS

- ☐ Check Enclosed ☐ Master Card/VISA/Discover/American Express

Card # _____ Exp. Date _____

Mail completed form to MPHA, 722 E. Capitol Avenue, Jefferson City, MO 65101.
If you have questions, Phone: 573-634-7977 or Email: sboeckman@mopha.org.
www.mopha.org
