2020

nyupublicpolicysymposium@gmai.com
www.politicsatnyu.org

# THE FINAL SYMPOSIUM REPORT

THE NEW YORK UNIVERSITY
POLITICS SOCIETY

NYU PUBLIC POLICY SYMPOSIUM 2020
PUBLIC HEALTH
*brought to you by* THE NYU POLITICS SOCIETY
*in partnership with* NYU SCHOOL OF GLOBAL PUBLIC HEALTH

# ABOUT THE **SYMPOSIUM**

## NOVEMBER 14-15, 2020

The NYU Public Policy Symposium is a major event hosted annually by the Politics Society at New York University, this year alongside the NYU School of Global Public Health. Each year, students from across the country and from a diverse range of ideological, geographic, and experiential backgrounds descend upon New York University's main campus in Lower Manhattan for a formal, weekend-long debate after developing policy proposals on some of the most salient issues of our time. The aim of the Symposium is simple: end the weekend with a powerful slate of consensus-based policies, and demonstrate that such policies which come from rigorous and open exchange are still attainable and effective.

Participating in the Public Policy Symposium allows students to gain a better understanding of the topic at hand, strengthen valuable skills like public speaking, leadership, debating, and policy-making, and network extensively with people and organizations from a wide variety of fields and professions.

This year's Symposium centered around the broad and ever-expanding issue of Public Health, with subtopics including, though not limited to, pandemic preparedness and response, environmental impacts on community health, gun violence and housing. In addition, we encouraged participants to pay particularly close attention to the way that each one of these issues is impacted by social determinants, such as race, socioeconomic status, and geographic location.

The following policy proposals were introduced, debated, and approved by the participants of the 2020 Public Policy Symposium. These policies reflect the consensus we have reached as a group and represent our continued dedication to improving the world in which we live. This report will be shared with the broader academic community, as well as with professionals working in relevant fields in the public, private, and non-profit sectors.

# THE FINAL REPORT

**Note:** In accordance with university-wide measures to prevent the spread of the COVID-19 virus, the 2020 NYU Public Policy Symposium was conducted entirely online, via Zoom.

# MEET THE TEAM

*CO-DIRECTORS*

## MATTHEW PLOURD

Matthew Plourd is a sophomore at NYU pursuing majors in both Drama and Politics. He proudly hails from Newington, Connecticut, outside of Hartford, and currently lives in New York City. He has a wide range of political interests, including combatting income and wealth inequality, pursuing broad election and campaign finance reform, expanding Congressional powers, and taking direct action to divert the climate crisis. When he's not obsessing over the aforementioned, Matt enjoys playing the piano and talking to new people in the park.

## TAYLOR HVIDSTEN

Taylor Hvidsten is a junior at NYU studying politics with minors in Spanish and psychology. She is from the land of 10,000 lakes (Minnesota!) and she currently works as a political science research assistant and intern at a public affairs firm in St. Paul, MN. Taylor is interested in studying political psychology and behavior, but enjoys the detail required in policy making as well. In her free time, Taylor enjoys trivia and board games and spending time with her dog, Stella.

*PLANNING COMMITTEE*

## CAROLYN ABEL

Carolyn is a Master's student in the School of Global Public Health, with a specialization in health policy. She hails from Toronto, Canada, but is now living in Brooklyn, NY. She is interested in the intersections of health and social policy, and joined this year's PPS committee to bring her experience in public health policy and help others learn about policy solutions to current public health challenges.

## SARAH AHMAD

Sarah Ahmad is a current sophomore studying Public Policy and Urban Design/Architecture Studies with minors in French and Data Science at NYU. She is originally from the Chicago suburbs but now lives in New York. She is interested in the intersection of data, ethics, and policy and regularly organizes with local action working groups. In her free time she likes to read about South Asian history and political philosophy.

## HAN NWAY OO

Han is a senior studying Psychology at Fordham University. She is currently a researcher at Columbia Mailman School of Public Health studying the relationship between neighborhood quality and children's positive health. Specifically, she's interested in the intersection of psychology and public health and intends to pursue public health after graduation. In her free time, she love's bowling and trying out new cuisines.

## TINA PANDA

Tina is a freshman at New York University majoring in Politics and Economics. Her childhood oscillated from Cleveland, Ohio to Calcutta, India. She is interested in non-profit management and mobilization of changemaking voices into concretised policy actions. She enjoyed assessing and analyzing the widespread sectors of public health and facilitating discussion through a weekend of thoughtful debate.

## PAVEL SHIRLEY

Pavel is a freshman from Birmingham, Alabama studying Public Policy and Philosophy at NYU. Pavel's positively passionate about policy, so he enjoyed getting to hear all the amazing memos and ideas at this year's Public Policy Symposium. When he's not trapped in the basement of Bobst Library, Pavel's usually either exploring New York, eating good food, or enjoying a book (he highly recommends "Nixonland" by Rick Perlstein).

## ARIANA TENG

Ariana is a sophomore at NYU majoring in Public Policy and minoring in Philosophy. Her interests include policy analysis with an emphasis on the intersectionality with race, class, gender, and disabilities. She hopes to learn more about the various policy solutions for today's public health crises. Ariana hopes to either attend law school or work as a policy analyst after NYU. She is originally from Denver, Colorado, and is happy to be living in the city.

# THIS YEAR'S **PPS EVENTS**

*A Conversation on State Interference in Local Public Health with* **JENNIFER POMERANZ**

Professor Jennifer Pomeranz of the NYU School of Global Public Health shared a presentation on the state's use of preemption to take away local government's ability to protect public health on issues including COVID-19, gun violence, and others. Following her presentation, participants were able to ask questions and discuss what kind of barriers they'll face to fostering change in the United States on public health issues, and how they can overcome them.

*Memo Writing Workshop with* **RAIN HENDERSON**

Professor Rain Henderson of the NYU Wagner Graduate School of Public Service joined us in preparing potential Symposium participants by walking them through the basics of writing effective and concise policy memos. Professor Henderson's practical and insightful tips on the mechanics of writing and communication were compiled into a comprehensive guide that participants were able to reference over the course of the Symposium.

*Get to know an NYU School of Global Public Health Alum with* **MAURA HARRIS, MPH**

NYU School of Global Public Health alum Maura Harris, MPH joined us in a conversation about her work as the Policy and Advocacy Manager at Primary Care Development Corporation (PCDC) and her experience getting a Masters in Public Health. After an interesting presentation discussing the benefits of increased access to primary care and primary care budgets, Ms. Harris answered questions about her work with primary care, advocacy and policy work, and finding careers in public health.

*Get to know Epidemiologist with* **KARATINA COLÓN RIVAS, MPH**

NYU School of Global Public Health alum Katarina Colón Rivas, MPH spoke to our participants, among other guests, about her work as an epidemiologist and how it relates to pandemic preparedness and response, mental health, and drug user health. Ms. Colón Rivas is an epidemiologist with the NY State Health Department currently working at IPRO and her presentation discussed how an epidemiologist interacts with other healthcare and public health professionals and how they work to solve different problems. She answered questions from our guests afterwards.

*Public Policy Options to Address COVID-19 Related Racial Health Disparities with* **DR. ANDREW GOODMAN**

To close out this year's Public Policy Symposium, we were joined by Dr. Andrew Goodman of the NYU School of Global Public Health, who discussed the window of opportunity for innovative policy to address the drivers of COVID-19 related health disparities, including racism and other social determinants of health. Following his presentation, participants asked questions about how best to center local communities in public health work and how to improve access to health services among historically underserved populations.

# NOTE FROM
# THE DIRECTORS

We chose this year's Symposium topic, public health, back in May, when the pandemic and its long-term effects were just starting to pick up; restaurants were still open, grocery stores weren't facing weekly shortages, and much of the major effects of the pandemic were manifesting in surmountable inconveniences - taking finals from our parents' basements, learning the difference between an N-95 and a KN-95, and missing our friends. We did not at all anticipate, however, that the pandemic would still be raging today, and worse so than ever before: November infection rates have been higher than at any point prior, as we've lost upwards of 250,000 of our neighbors, our friends, and our family members. What more, the effects of the coronavirus, rather than being a "great equalizer" have only uncomfortably illuminated glaring systemic disparities nationwide, further contextualizing an unprecedented and ongoing conversation on race. And other public health issues remain still: environmental degradation as a result of the climate crisis actively threatens the livelihoods and security of populations around the world; millions nationwide lack access to affordable and adequate health insurance, an issue only exacerbated by a staggering level of unemployment in recent months; millions more have been thrust into housing insecurity, with our nation facing an eviction crisis; and a pandemic of loneliness and mental health issues have come to equally define the last eight months, leading to further upticks in substance abuse and addiction.

It follows, then, that despite being held every year, the 2020 Public Policy Symposium holds particular significance. We chose this topic not to dwell in our anger or in our sadness, but to demonstrate that young people the world over, despite great uncertainty about the future, remain just as undyingly committed to a core principle: we can, and we will, fix this.

On the following pages of this final report, we are proud to present you with the policy proposals written and discussed by our participants at this year's virtual Symposium. We hope that through these proposals you see the same determination to improve the world we live in that we witnessed during the Symposium. With that, we'd like to extend our deepest appreciation to each and every person involved in putting together this year's event, and to our participants who channeled their frustration to work hard on their proposals, bringing with them unique perspectives and innovative approaches to every issue. We'd also especially like to thank the NYU School of Global Public Health and distinguished alums for providing enlightening conversations and advice in the weeks leading up to the event.

*With gratitude and eyes toward the future,*
**Matt Plourd and Taylor Hvidsten**

# TOPIC BACKGROUND INFORMATION

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# COMMITTEE RECOMMENDATIONS

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# *TOPIC #1*
# PANDEMIC PREPAREDNESS & RESPONSE

***Background Information:***

With the regular operation of the world coming to a halt due to the COVID-19 pandemic, attempts at developing swift emergency response mechanisms and foolproof health crisis management systems have increased dramatically. Pandemics and epidemics have long posed great threats to the foundations of society; as early as 541 AD, the Bubonic Plague led to the decline of the Byzantine Empire. The mechanisms that are developed by governments and transnational health organizations to tackle pandemics will decide the fate of all citizens. Investment in pandemic preparedness and medical research can significantly improve the performance of a country in tackling a pandemic. South Korea utilized the lessons it had learnt from MERS in 2015 and developed an infectious disease surveillance system with experts to enforce guidelines for responding to public health crises on a case-by-case basis; however, the infrequency of pandemics makes it difficult for any country to learn based on experience. Early steps like testing, contact tracing, and the imposition of a lockdown are all essential areas of policy for successfully meeting a pandemic. Although the United States has declared pandemics to be a national security threat, the federal government delayed the execution of early COVID-19 plans and later failed to organize itself to coordinate an effective response in 2020. The executive branch has drafted various detailed strategy documents to deal with public health crises such as the National Strategy for Pandemic Influenza (2005) and the National Strategy for Countering Biological Threats (2009). However, because important information was withheld from the public and the government was not mobilized, swift actions such as aggressive testing and restrictions on travel and the economy were not implemented early enough to prevent the spread of COVID-19.

With the predicted rise in global pandemics and epidemics caused by international antibiotic-resistant pathogens, creating an effective emergency response system is now the first and foremost step towards laying the foundation for beating a pandemic.

***Guiding Questions:***

- How important is transparency with the public and with other countries in the earliest stages of a pandemic?
- How effectively can developing countries tackle vaccine development problems?
- How can the federal and state governments develop a better coordination system in the emergency response sector?

***Recommendation #1 (Introduced by Ms. Paucar)***

In response to the uncoordinated national pandemic preparedness strategy, this committee recommends for the U.S Federal government to:

1. Make pandemic preparedness a national security priority,
2. Clarify Federal and State authorities and roles for pandemic response, and
3. Ensure coordinated risk-communication plan for public health across Federal, State, Local, and Tribunal governments.

*Passed, 5-0.*

***Recommendation #2 (Introduced by Mr. Plourd)***

1. Establish a nationally coordinated testing plan with a priority to test first responders, healthcare workers and assisted living staff by amending the Social Security Act and the Public Health Service Act.
2. Develop a system to coordinate with private medicine services to develop proportional testing mechanisms nationally based on state population.
3. Reimburse private health insurance services for covering the cost (if any) of testing and vaccination for high-risk and both uninsured and underinsured patients.

***Amendment #1 (Introduced by Ms. Hvidsten)*** Allocate a portion of funds to assist in developing rapid mail-in testing statewide.

*Passed, 5-0.*

# TOPIC #2
# MENTAL HEALTH

***Guiding Questions:***

- What role should the government take in reforming mental health care
- in the United States?
- Has deinstitutionalization been effective?
- What can be done to ensure that those who have mental illness have their treatment met?

***Background Information:***

Early psychiatric patients were kept in asylums shunned away from society. Beginning in the 1850s, Dorothea Dix reformed psychiatric care over a 40-year period. She was able to get funding from the U.S. government to build 32 state psychiatric hospitals, and focused on an institutional inpatient care model. By the 1950s, the government focused on deinstitutionalizing state psychiatric hospitals and transforming psychiatric care into "community-oriented care." Various government policies were passed with lobbying efforts. President Harry Truman passed the National Mental Health Act in 1946 which created the National Institute of Mental Health, and provided funding for mental health research. In 1963, through the Mental Retardation Facilities and Community Health Centers Construction Act, government funding was allocated to community-based mental health services. The Mental Health Bell--forged from the iron chains and shackles used to restrain patients in early asylums--is a symbol of change and reform. However, the stigma of mental health still exists in the United States. In the U.S., there are currently 44 million Americans with mental illness, and more than 10 million Americans still do not have their mental health treatment met. Opponents of deinstitutionalization believe that outpatient patients do not receive adequate care. In addition, they argue that deinstitutionalization has shifted the responsibility from health care professionals to family members who do not have sufficient financial resources or appropriate knowledge about mental health to care for someone with a mental illness. Some even assert that deinstitutionalization has to lead to "transinstitutionalization" where the criminal justice system has to care for those who are mentally ill.

***Recommendation #1 (Introduced by Ms. Teng)***

In order to ease the burden from law enforcement and streamline the process of treating mental health, this committee recommends that:

1. Funds be allocated at the state and local level for the hiring and training of an adequate number of qualified mental health specialists, modeled after the CIT program in Oregon.
2. Government's establish a program for a suicide hotline/911.

***Amendment #1 (Introduced by Mr. Plourd)*** Take major steps to improve rural broadband services to enable the expansion of mental tele-health services.

***Amendment #2 (Introduced by Mr. Plourd)*** Establish a federal grant program to encourage states to implement strategies for addressing addiction and mental health issues in young people, including the creation of uniform training programs for new mental health professionals statewide. Also, provide federal guidance with adequate standards for mental health service providers and state government programs nationwide.

***Amendment #3 (Introduced by Ms. Hvidsten)*** Enact a federal student loan forgiveness program (similar to that for public defenders) for those who agree to work as a public mental health professional for at least 3 years.

***Amendment #4 (Introduced by Ms. Teng)*** Set up a program through Medicare and Medicaid to further subsidize mental health care services.

*Passed, 5-0.*

# TOPIC #3
# HOUSING

***Background Information:***

Since the establishment of the United States, owning and possessing private property has been a foundational part of the American Dream. Owning a house and property soon became one of the most prominent and desired forms of generational wealth as it could be passed down from generation to generation. With the Great Depression, owning homes became more difficult as unemployment rates skyrocketed and many homes were foreclosed. In 1933, the Home Owners' Loan Corporation was passed in order to help struggling families refinance their homes or to provide loans to purchase homes. However, to assure credit-worthiness, HOLC used race as a determinant for credit-worthiness, propagating a phenomenon known as "red-lining," an issue that is still prevalent and responsible for housing problems today. In 1938, the Housing Act of 1937 was passed in response to the Great Depression. Through this bill, the United States federal government granted affordable housing to low-income people and their families by providing subsidies to local public housing agencies in order to provide better and affordable housing (also known as Section 8 housing) for low-income families. In 1965, federal agencies concerned with housing were combined into the cabinet Department of Housing and Urban Development to oversee the execution of policies related to housing and cities. Soon after, with the passing of the Civil Rights Act of 1968, housing discrimination is banned, however redlining continued as banks still continued to use race as a measure of credit-worthiness. As a result of red-lining and the initial White Flight and creation of suburbs through HOLC, income and housing inequality is at its highest. In cities, such as New York, renting, let alone owning, an apartment unit is difficult to afford as Section 8 housing has not been updated and many of these buildings do not have proper heat or working elevators. A phenomenon known as a "food desert" is apparent in all metropolitan areas in the United States, as food is more expensive to buy in the city, adding on to higher living costs.In the United States, 17 in 10,000 people are homeless. Concerns about shelters, especially during the COVID-19 pandemic have arised. In New York, the government has provided subsidies to struggling hotels to open up as shelters for the homeless. Even when the pandemic is over, questions about the living conditions of the houseless and low-income families will remain as once rent moratoriums are lifted and hotels go back to receiving traveling guests.

***Guiding Questions:***

- Is affordable housing necessary?
- Should the government be responsible for providing affordable housing?
- To what extent should public housing exist, if at all?
- What housing problems will arise as a result of the pandemic, and how should we combat them?

***Recommendation #1 (Introduced by Mr. Shirley)***

Create a new competitive block grant program that will award localities money for infrastructure projects on the condition that they complete zoning reforms.

*Passed, 5-0.*

***Recommendation #2 (Introduced by Mr. Shirley)***

Impose a national land value tax.

*Passed, 4-1.*

***Recommendation #3 (Introduced by Mr. Shirley)***

Make Section 8 Housing vouchers an entitlement.

*Passed, 5-0.*

***Recommendation #4 (Introduced by Ms. Wiecek)***

Create a system of landlord licenses that are priced differently based on the condition of a building, the funds from which will go back to housing departments for a system of proactive inspections and increased enforcement.

*Passed, 5-0.*

# *TOPIC #4*
# NATIONAL HEALTH PROGRAMS

***Background Information:***

The first national health program in the United States was the Veterans Administration, founded after the Civil War. However, most discussions of national health programs center around questions of access to health insurance in its many varieties. Health insurance has its origins in the early 1900s, but insurance did not become truly widespread until the 1940s. In that decade, health insurance became a major hiring tool as the National Labor Relations Board determined that health insurance was a relevant negotiating topic in union contracts. Both Presidents Roosevelt and Truman proposed national insurance programs, but neither proposal passed Congress. In 1965, Congress, at the direction of President Johnson, passed what was then the most substantial healthcare bill in American history. In the Social Security Act of 1965, Johnson created Medicare and Medicaid which are now the two most prominent national health programs in the U.S. The next major reform came almost 50 years later in the form of the Patient Protection and Affordable Care Act, commonly known as Obamacare. The PPACA expanded Medicaid (though states must agree to do so), created government subsidies for health insurance for those with low incomes, enforced penalties on large employers whose employees must buy healthcare through PPACA marketplaces, mandated that no one can be denied health coverage for any reason, and allowed children to remain on their parents health plans until age 26. Despite the passage of the PPACA, the status of national healthcare policy is far from a settled issue. Approximately 18% of annual GDP is spent on healthcare, and voters consistently rank it as a high priority issue. More than 90% of Americans are covered, but even among those with coverage issues remain. Many Americans remain underinsured, meaning they pay a burdensome portion of their income to maintain their healthcare. Furthermore, millions of people still lack healthcare. Questions have arisen about the efficacy of programs like Medicare with proposals ranging from severely curtailing the extent of the program to making it universal. Drug costs remain uniquely high in the U.S. with some calling on national action to lower prices. The wars in Iraq and Afghanistan have produced large numbers of veterans with urgent healthcare needs, as well. In short, the problems surrounding national health programs are numerous, divisive, and vitally important.

***Guiding Questions:***

- What role, if any, ought government to play in providing healthcare?
- Is healthcare a human right?
- Should the U.S. focus on reforming its current system of employer-based health insurance or replacing it?

***Recommendation #1 (Introduced by Ms. Ahmad)***

Place monthly revenue caps on hospitals and create an all-payer rate on treatments.

> ***Amendment #1 (Introduced by Ms. Teng & Mr. Plourd)*** During the bargaining phase, there ought to be regulation on the insurance companies' ability to set rates, including requirement that these rates be set based on local median income. Additionally, various public officials must be present at negotiations.
>
> *Passed, 6-0.*

***Recommendation #2 (Introduced by Ms. Teng)***

The United States ought to put in place a Medicare for All plus national insurance system, based on the Australian model.

*Passed, 5-0 (1 abstention).*

> ***Amendment #1 (Introduced by Ms. Hvidsten)*** The committee passes the first proposal as policy, and the second proposal as a resolution, signaling intent to pass the second proposal as policy in the future.
>
> *Passed, 6-0.*

# *TOPIC #5*
# ENVIRONMENTAL IMPACTS ON COMMUNITY HEALTH

***Background Information:***

Where a person lives can have significant positive or negative effects on their health. Climate change, air quality, water quality, and chemical exposures are just a few examples of the ways in which environmental factors affect human health. Environmental health policies are enacted at the municipal, state, federal, and international levels. For example, the U.S. EPA sets regulatory standards for the maximum amount of lead to be present, while the NYC Department of Environmental Protection conducts water quality monitoring for lead and other contaminants. Outlined here are just a few examples of environmental impacts on community health:

Climate change leads to an increased number and severity of extreme weather events such as hurricanes, food and water insecurity, and changing patterns of infectious diseases. Increases in global temperatures come with health-related impacts, specifically for vulnerable groups such as children, the elderly and those with pre-existing health issues. Hurricanes and other natural disasters have an outsized impact on marginalized communities; for example, before Hurricane Katrina, 28% of New Orleans residents were living in poverty, and Louisiana had the 2nd worst poverty rate in the country.

Further, minority communities are less equipped for environmental disaster preparedness; prior to Katrina, 35% of Black households in New Orleans lacked a vehicle, while only 15% of white non-Hispanic households lacked a vehicle. On the issue of water quality, one of the most notable public health crises in recent history is the Flint water crisis, in which the water contained unacceptables levels of lead. Lead exposure can affect the heart, kidneys and nerves, and in children can result in impaired cognition, behavioral disorders, hearing problems and delayed puberty. Because the population of Flint, Michigan is 53.7% Black, this is another example of a crisis having a disproportionate effect on communities of color. Air pollution can include everything from smog to smoke and indoor air pollutants. The World Health Organization estimates that air pollution causes about seven million premature deaths per year. Air pollution is also responsible for serious health problems including increased mortality from stroke, heart disease, asthma, lung cancer and acute respiratory infections. For one, asthma prevalence in the U.S. is highest among those living in poverty, and among Black, multiracial, and Puerto Rican communities. Particulate matter (PM2.5) is generally the most dangerous, and poses the greatest risk of systemic health impacts, from respiratory illnesses to cancer to eye problems.

***Guiding Questions:***

- When, if at all, must the federal government intervene in state-wide or local environmental crises?
- What indirect policies (climate change, manufacturing laws, etc.) should the federal government focus on to reduce harmful environmental impacts on community health?
- How can we best ensure that policies protecting community health are put into place and enforced?

***Recommendation #1 (Introduced by Ms. Oo)***

1. Enact a national federal smoking ban in public places.
2. Ban smoking within a 12ft radius from schools and daycares.
3. Mandate that landlords designate separate spaces for smoking and non-smoking tenants.

***Amendment #1 (Introduced by Ms. Hvidsten)*** Ban smoking within a 12ft radius of the entire school property (including parking lot).

*Passed, 4-0.*

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# *TOPIC #5*
# ENVIRONMENTAL IMPACTS ON COMMUNITY HEALTH *(cont.)*

***Recommendation #2 (Introduced by Ms. Abel)***
Regulate claims of recycled clothing materials such that at least 75% of the item must contain recycled materials.

*Passed, 3-0.*

***Recommendation #3 (Introduced by Ms. Hvidsten)***
Ensure residents living within a 20 mile radius of a known air/water toxicity are informed within 30 days, similar to the CitizenApp method for distributing information about crimes.

*Passed, 3-0.*

***Recommendation #3 (Introduced by Ms. Oo)***
Require landlords to distribute water testing kits once a year, free of cost to all tenants.

*Passed, 3-0.*

# *TOPIC #6*
# PRESCRIPTION DRUGS & OPIOIDS

***Background Information:***

One facet of healthcare in the U.S. is the pharmaceutical industry ("Big Pharma"). The drug industry is relatively unregulated and has the power to increase their prices, regardless of consumer demand--often times increasing their prices beyond the rate of inflation. By 2024, worldwide sales of prescription drugs are predicted to reach $1.18 trillion. The political clout of drug producers emerged in post-WWII. State-funded medicinal research, large research universities, and the military industrial complex all had a stake in prescription revenues, contributing to the clinical pharmacology that we have today. These elements formed a political bloc (composed of expert researchers) that advocated for the necessity of high prescription prices, and still continues to do so. The issue of drug pricing now faces our country with families who cannot afford to get the treatment that they medically need. As of 2018, the average price of insulin for diabetes (per mL) has increased 11 % annually from 2001 to 2018, with average annual per capita insulin costs now nearing $6,000. If the trends of the past decade continue, insulin costs in the United States could reach $12,446 (per insulin patient) by 2024, but if more recent trends of much slower price growth prevail, insulin spending could total $6,263 per patient.
This crisis hits lower-income diabetic Americans the most, seeing as their income cannot keep up with the costs of insulin. In 2018, the American Diabetes Association conducted the Insulin Affordability Survey, and 39% of respondents said their insulin costs increased from the year prior. Twenty-seven percent said that the increasing costs of insulin had affected their insulin use or purchase in some way. Regulations that hinder competition and large rebates enable insulin companies to affect the market further. Today, the U.S. is also facing an opioid addiction crisis. Regular use of opioids can lead to dependence and, when misused, opioid pain relievers can lead to addiction, overdose incidents, and deaths. More than 47,000 Americans died of opioid overdose in 2017, as a result of an opioid overdose, including prescription opioids, heroin, and illicitly manufactured fentanyl, a powerful synthetic opioid. The opioid overdose crisis has significantly affected the Northeastern region of the U.S. Also, more than 2 million Americans live with addiction to opioids. The Center for Disease Control and Prevention (CDC) estimates that the total "economic burden" of prescription opioid misuse alone in the United States is $78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement. Despite efforts from politicians, the political lobbying power of Big Pharma has blocked any direct regulatory legislative efforts. The incentive for these companies to continue having large profit margins now comes at a large human cost that we must address with effective policies.

***Guiding Questions:***

- Is the Big Pharma industry too deregulated?
  - If yes, should it be the government's role to regulate a private industry?
    - Why hasn't the government been able to step in yet?
  - If no, at what point do you think the government should step in?
- Overall, how can we incentivize Big Pharma to address these market externalities?

***Recommendation #1 (Introduced by Ms. Hvidsten)***

Establish prescription drug safety and monitoring measures including:

1. a federally-run Prescription Drug Monitoring Program (PDMP) that requires "daily" updates from all pharmacies and enacts an automatic "red-flag" after a patient has had any amount of opioids prescribed by 3 separate doctors.

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# *TOPIC #6*
# PRESCRIPTION DRUGS & OPIOIDS *(cont.)*

***Recommendation #1 (cont.)***

2. requiring all prescribers to check the national PDMP database prior to prescribing any medication.

3. requiring any access to PDMPs to fall under HIPAA coverage and restrict PDMP access from all law enforcement agencies without a warrant.

4. Implementing 3-day supply limits on all schedule II and "initial" opioid prescriptions, except for prescriptions regarding end-of-life care and/or cancer pain management.

*Passed, 3-0.*

***Recommendation #2 (Introduced by Ms. Wiecek)***

Create/include medication-assisted treatment (buprenorphine, methadone, and naltrexone) for pregnancy clinics in states with high opioid use/deaths (using drug treatment emission rates) to address neonatal abstinence syndrome, developmental delays, labor complications, and overall increase access.

> ***Amendment #1 (Introduced by Ms. Panda)***
>
> Establish research studies, funded by NIDA state-approved grants, to research the negative effects of buprenorphine, methadone, and naltrexone on pregnant women and relationship to neonatal abstinence.
>
> *Passed, 3-0.*

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# *TOPIC #7*
# BIOETHICS

***Background Information:***

When people enter the healthcare workforce, they take an oath to uphold certain ethical standards. With a rise in medical advancements and biotechnology, it is getting harder and harder to draw the line between when technology is enhancing healthcare practices or when technology could be harming society as a whole. "The central ethical dilemma ... in public health is to balance respect for individual freedom and liberty with the responsibility of governments to provide their citizens with some degree of protection in relation to health," says the World Health Organization. "In public-health policy, some measures might constitute minor infringements of a person's freedom but bring about significant benefit for a large number of people, hence the need to balance freedoms with community benefits." Health promotion and disease prevention, risk reduction, public health research, disparities in health status, and allocation of resources are five of the main priorities for those currently working in the bioethics field of public health. Gene editing and genetic information privacy (over 26 million Americans have submitted their DNA for genetic testing), medical hacking, and healthy people turning to medical technology are all relatively new phenomena for which there is no regulatory policy. One role of bioethics in the public health sphere is to monitor these new occurrences and to determine the best way to allow for the advancement of science and technology while protecting the American public. But bioethics is not always so extreme! Well known issues like reproductive rights tend to take center stage, but issues ranging from insulin accessibility to managing chronic pain show that policies regarding bioethics impact nearly every individual.

***Guiding Questions:***

- To what extent does the federal government have a role in protecting the genetic privacy of its citizens?
- How can the government work with health professionals to monitor new technologies and their role in healthcare?
- How should decisions about the ethics of new technologies or practices in treatment, research, and human development be made, and who should be making them?

***Recommendation #1 (Introduced by Mr. Plourd)***

Decriminalize all drugs classified as schedule 1 under the Federal Controlled Substances Act, instead applying civil penalties (i.e. fines of no more than $100) for drug possession with intent for personal use, and continued criminal penalties for dealing or intent to deal. Includes the expungement of criminal records for those convicted in the past for low-level, non-violent possession.

*Passed, 3-0.*

***Recommendation #1 (Introduced by Mr. Shirley & Mr. Plourd)***

Prohibit private genetic lineage organizations and personal genomics companies from maintaining DNA and genetic information samples after they have been used for the purpose originally consented to by the provider.

*Passed, 3-0.*

# TOPIC #8
# GUN VIOLENCE

***Background Information:***

In recent years, gun violence has been characterized as one of the most pressing and dire public health issues in the United States. A study conducted by the American Journal of Medicine in 2015 found that the gun-related homicide rate in the U.S. is nearly 25 times higher when compared to 22 other high-income nations. This same study found that although the U.S. has half of the population of these other 22 countries combined, it makes up 82% of the gun deaths, with even higher rates for the number of women and children killed by guns annually. Overall, it is estimated that roughly 109 people die from gun violence in the U.S. every day. Although much of the public debate around gun violence and public safety stems from the uniquely American prevalence of mass-shootings- like at Sandy Hook Elementary School in 2012, the Las Vegas Strip in 2017, and Marjory Stoneman Douglas High School in 2018 - these occurrences make up only a small fraction of gun-related deaths; gun violence is most common in predominantly low-income urban areas. A study found that in the U.S., nearly half of all gun deaths in 2015 occurred in just 127 cities. Additionally, gun-related suicides have reached sobering levels in recent years, with over 50% of all suicides being committed with a firearm in 2017. Although the many policy proposals have been made to address the different aspects of the crisis - including further limits on gun purchases, bans on specific firearms or firearm add-ons, and increased funding for mental health services - political gridlock, legislative inefficiency, and dueling influences from various interest groups in Washington have stymied most efforts to effectively address gun violence on the federal level. Additionally, since 1996, Congress has prohibited the Center for Disease Control from conducting any research that "may be used to advocate or promote gun control"--a directive that researchers at the CDC have interpreted to mean any and all research related to gun violence in the United States.

***Guiding Questions:***

- What steps do you believe are necessary to address the epidemic of gun violence in the United States at the federal level given the nation's high rate of firearm ownership, institutional protections for owners, and widely-varied state statutes related to firearms?
- What role should state and municipal governments have in protecting public safety as it relates to gun violence?
- How would you take into account firearm ownership for hunting/sport and self-defense in addressing both gun violence and general firearm safety?
- How would you address glaring geographic and demographic disparities in firearm-related deaths throughout the United States?

***Recommendation #1 (Introduced by Ms. Zaslavskaya)*** UUR Solution (Update, Upgrade, and Regulate):

- Update the FBI Instant Check System
- Upgrade systems to merge information collected by local authorities, and include those with mental illness in that system
- Regulate: Enforce the revocation of guns when they have been banned by state and/or local authorities, and require all people purchasing a gun to obtain a license.

***Amendment #1 (Introduced by Ms. Panda)***
Establish a national universal background check database (merging together state and local data), and enforce a mandatory 14-21-day waiting period (at discretion of the state) for obtaining a license.

*Passed, 5-0.*

***Amendment #2 (Introduced by Mr. Shirley)***
Make existing federal grants conditional on states adopting statewide red-flag laws and ERPO laws, and make violating a state ERPO a federal crime.

*Passed, 4-1.*

***Amendment #3 (Introduced by Ms. Hvidsten & Mr. Plourd)***
Implement a voluntary gun buy-back program, and require prohibited firearms be registered via the National Firearms Act for those that don't relinquish through the buy-back program.

*Passed, 5-0.*

*(continued on the next page)*

# TOPIC #8
# GUN VIOLENCE *(cont.)*

***Recommendation #1 (Introduced by Ms. Panda)***

- Establish a federal firearm registry program with cross-checking across state lines.
- Bolster research at the National Medical Association and the CDC on how states can mitigate gun violence as it relates to mental health.
- Re-institute a ban on assault weapons and high capacity magazines.

*Passed, 5-0.*

***Amendment #1 (Introduced by Mr. Plourd)*** Require all new firearms manufactured in the United States to be equipped with "smart gun" technology

*Passed, 3-2.*

***Amendment #2 (Introduced by Ms. Zaslavskaya)*** *Offer clear guidance* requiring the safe storage of guns nationwide

***Amendment #3 (Introduced by Ms. Teng)*** Close the boyfriend loophole to protect would-be victims of domestic gun violence.

*Passed, 5-0.*

# NYU PUBLIC POLICY SYMPOSIUM 2020

# PUBLIC HEALTH

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