

Allegheny County Council

*County of Allegheny
436 Grant Street
Pittsburgh, PA 15219
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Meeting Minutes

Wednesday, November 29, 2017

5:00 PM

Conference Room I

Committee on Health & Human Services

*John Palmiere, Chair; Thomas Baker, Patrick Catena, James Ellenbogen, Nick Futules,
Cindy Kirk, Paul Klein, Ed Kress, Robert Macey, Sue Means*

I. Call to Order

The meeting was called to order at 5:02.

Invited Guests:

William D. McKain, CPA, Allegheny County Manager or designee(s)
Dr. Karen Hacker, Director, Allegheny County Health Department

Mr. McKain was present from the Office of the County Manager.

Dr. Hacker and Ms. Wilson were present from the Health Department.

Mr. Barker was present from the Office of County Council.

II. Roll Call

Members Present: 5 - Paul Klein, Ed Kress, Bob Macey, Sue Means and John Palmiere

Members Absent: 4 - Tom Baker, Jim Ellenbogen, Nick Futules and Cindy Kirk

Members Phone: 1 - Patrick Catena

III. Approval of Minutes

[10414-17](#)

Motion to approve the minutes of the November 15, 2017 meeting of the Committee on Health and Human Services.

**A motion was made by Means, seconded by Macey, that this matter be Passed.
The motion carried by a unanimous vote.**

IV. Agenda Items

Ordinances

[10402-17](#)

An Ordinance of the County of Allegheny, Commonwealth of Pennsylvania, authorizing the County to accept twice yearly donations of Naloxone kits for a two-year period from November 15, 2017 through November 14, 2019 from the Pennsylvania Commission on Crime and Delinquency for use by the Allegheny County Health Department.

Sponsors: Chief Executive

At the request of the Chair, the clerk read the title of the bill and Dr. Hacker summarized its provisions, noting that the Commonwealth had allocated \$5 million in funding for a program to distribute Naloxone to first responders, to be coordinated by the Health Department. Dr. Hacker noted that there would be 88 cases in the first distribution, and that "first responder" is a fairly broadly defined term in the program, and includes both traditional first response agencies like police and EMS personnel, but can also include after school program staff and library staff. Dr. Hacker noted that the consensus is to prioritize police agencies, and that a bit of effort is being put into contacting all of the 100+ departments that operate within the County.

In response to questions from Mr. Macey, Ms. Wilson noted that there are just over 1,050 kits in 88 cases. Dr. Hacker indicated that some police departments do not or had were reticent to begin carrying Naxolone kits, but that this is not always easy to determine because different departments have different sources, which may not all be reported. Dr. Hacker noted that, while all EMS providers currently have Naxolone kits, fire departments sometimes are classified as first responders under the program, and not all of them are so equipped. Dr. Hacker noted that the program is at no cost to the County.

In response to questions from Ms. Means, Dr. Hacker noted that the kits have a shelf life of about two years, so the kits will have to be monitored fairly carefully for aging, and Mr. McKain indicated that the County Police was already familiar with the process of switching out its older kits. Dr. Hacker indicated that she would not want to be in the position of having to rely upon an expired kit in a life or death situation.

Ms. Means and Dr. Hacker discussed procedural issues in the reimbursement system for EMS providers, because they must respond to calls, but don't always get reimbursed. Dr. Hacker noted that EMS providers are not reimbursed for Naxolone use on patients who do not go to an emergency room. Mr. Kress agreed, noting that the cost of providing Naxolone can be about \$300, and that the reimbursement issue can be significant. Mr. McKain noted that some EMS services operate on a membership basis, and that this can affect who gets reimbursed.

In response to questions from Mr. Klein, Dr. Hacker discussed the process through which the appropriateness of distributing kits to various first response entities is evaluated. Dr. Hacker noted that it is highly unlikely that the trend of opioid use will likely not abate in the immediate future, so one of the most important things to determine for the project is where the greatest need exists and how those needs are trending, so that the resources can go in appropriate quantities to entities that both have a need and are able to use it prior to its expiration.

In response to a question from the Chair, Mr. McKain suggested that this program is a step in the direction of creating a more centralized approach to addressing opioid abuse-related issues, and described some other efforts toward a more centralized approach that have been made by the Health Department, District Attorney, and other agencies. Dr. Hacker noted that needle exchange is one type of entity that has relatively broad contact with the population that is affected by opioid use, but that needle exchange programs have had difficulty in finding locations to operate, even with the County's relaxation of its needle exchange regulations.

Ms. Means suggested that the various police departments may be increasingly willing to contemplate being equipped with Naxolone due to accidental overdoses by officers due merely to proximity to certain opioids.

Mr. Kress noted that the Health Department will be positioned to monitor kit usage, shelf life, and distribution. Dr. Hacker and Ms. Wilson indicated that having a pharmacist on staff is tremendously helpful in situations like this, because they are experienced in monitoring these types of factors in the context of prescription drugs.

In response to a question from Mr. Kress, Dr. Hacker noted that her understanding is that the primary difference between various opioids is principally how quickly it works, and that the impact of this is that the effects are not necessarily more severe from one opioid to another, but that some work so much more rapidly that victims progress to having life threatening consequences in a fashion that makes it much more difficult to respond in a timely fashion.

A motion was made by Macey, seconded by Means, that this matter be Affirmatively Recommended. The motion carried by a unanimous vote.

V. Adjournment

The meeting was adjourned at 5:31.