

# Allegheny County Council

*County of Allegheny  
436 Grant Street  
Pittsburgh, PA 15219  
Phone (412) 350-6490*



## Meeting Minutes

Wednesday, June 28, 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 5:03.*

### Invited Guests:

**William D. McKain, CPA, Allegheny County Manager or designee(s)**  
**Dr. Karen Hacker, Director, Allegheny County Health Department**  
**Dr. Skip Kingston, Professor of Analytical Chemistry, Duquesne University**

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

*Mr. Szefi was present from the Law Department.*

*Dr. Hacker was present from the Health Department.*

*Dr. Kingston was present.*

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

## II. Roll Call

**Members Present:** 9 - Tom Baker, Patrick Catena, Nick Futules, Cindy Kirk, Paul Klein, Ed Kress, Bob Macey, Sue Means and John Palmiere

**Members Absent:** 1 - Jim Ellenbogen

**Members** 4 - Chuck Martoni, Sam DeMarco, John DeFazio and DeWitt Walton

**Non-Members:**

**Members Present:** 9 - Tom Baker, Patrick Catena, Nick Futules, Cindy Kirk, Paul Klein, Ed Kress, Bob Macey, Sue Means and John Palmiere

**Members Absent:** 1 - Jim Ellenbogen

**Members** 4 - Chuck Martoni, Sam DeMarco, John DeFazio and DeWitt Walton

**Non-Members:**

## III. Approval of Minutes

## IV. Agenda Items

### Ordinances

[10214-17](#)

An Ordinance of the Council of the County of Allegheny ratifying a new regulation of the Allegheny County Health Department promulgated pursuant to the authority granted to county departments of health under the Pennsylvania Local Health Administration Law, 16 P.S. §§12011 - 12028.

**Sponsors:** Chief Executive

*At the request of the Chair, the clerk read the title of the bill and Dr. Hacker gave a brief overview, noting that the proposal was in the news quite a bit of late, and that due to the Pittsburgh area's older infrastructure, lead is fairly prevalent in the form of lead-based paint and plumbing. Dr. Hacker also noted that leaded gasoline emissions contain lead, and that the lead from those emissions remains in the environment. Dr. Hacker*

*discussed other sources for lead, noting that it was present in a number of products manufactured outside the United States, and that lead-based paint can be problematic not only when it is flaking, but also when it is subjected to friction, as in window frames.*

*Dr. Hacker noted that the CDC recommends universal testing when older housing stock is prevalent, and that there is at least some data that suggests that universal testing tends to raise awareness across the board.*

*Dr. Hacker indicated that she is concerned because it is not clear to her how prevalent lead testing is in children, and that while chelation therapy is not a terribly pleasant experience, even lead levels much lower than those at which chelation is recommended can be hazardous. Dr. Hacker noted that catching elevated lead levels early makes it possible to mitigate the issues before they become more significant.*

*Dr. Hacker noted that the proposed regulation uses the same language that is present in Commonwealth statutes that contain opt-out clauses and discussed why the proposed testing intervals were chosen.*

*Dr. Hacker noted that the burden on the school should be slight, as the regulation only requires that the schools report whether students entering kindergarten have had the test or not, that all of the insurers with whom she has spoken cover the testing as a preventative medical measure, and that the Department would conduct testing, primarily for individuals who are not insured.*

*Dr. Hacker suggested that she is endeavoring to tie the testing program into the Department of Economic Development's activities relating to remediating lead in homes in the County.*

*In response to a question from Mr. Macey, Dr. Hacker indicated that her goal is to determine what areas of the County are prone to having issues with elevated lead levels.*

*In response to a question from Mr. DeMarco, Dr. Hacker discussed the Department's efforts to test the schools in the Pittsburgh Public School District and indicated that other districts in the County are following suit, and that the Department is encouraging the other schools and daycare centers to undertake testing activities.*

*Mr. DeMarco and Dr. Hacker discussed the current effort to provide information on lead testing to owners of older housing stock in the County.*

*In response to a question from Mr. Futules, Dr. Hacker noted that the recommended testing is at 9-12 months and then at 2 years of age, but indicated that there is wisdom in families becoming more aware of lead as an environmental contaminant and the impact of remodeling and other activities and of the Department's ability to test peoples' homes in order to try to ascertain what might be contributing to elevated lead levels.*

*In response to questions from Mr. Kress, Dr. Hacker indicated that she is not aware of the last time chelation therapy was undertaken in the County, because the Department does not necessarily receive that information. Dr. Hacker indicated that disclosure of lead-based paint or other lead issues during real estate transactions is regulated by Commonwealth law.*

*In response to questions from Ms Kirk, Dr. Hacker noted that all lead test results must be reported to the Commonwealth, and discussed the guidelines that apply for the*

*Department of Economic Development's remediation activities.*

*Mr. Walton discussed some training resources that are available regarding removal of lead-based paint from homes, and also noted that individuals who live close to industrial sites sometimes have an elevated risk of being exposed to materials like lead.*

*In response to a question from Mr. Klein, Dr. Hacker noted that information dissemination is always a challenge and that some insurers are gathering people's cell phone numbers so that cell phones can be used to convey information, and described some of the activities that are being undertaken, including door-to-door canvassing.*

*Ms. Means noted that the Department has identified older housing stock and that it receives the results of tests that are conducted and reported to the Commonwealth, per existing regulation, and indicated that she regards this as a problem that everyone wants to remedy, but expressed reservations about the effectiveness of the program as conceived instead of devoting resources to educating new parents, pediatricians and testing laboratories.*

*In response to a question from Ms. Means, Dr. Hacker noted that education is fundamentally important, but that it is also vitally important to catch elevated lead levels as early as possible and indicated that at least the larger pediatric practices in the area have been contacted by the Department, with at least some of them suggesting that a universal testing requirement may be preferable to a targeted testing requirement.*

*In response to a question from Mr. Baker, Dr. Hacker noted that the exception must be requested in writing, but that each doctor's office will handle the exact procedure on its own.*

*In response to questions from Mr. Catena, Dr. Hacker indicated that the intent is for the testing requirement to be part of a multi-pronged strategy for mitigating lead poisoning issues and that she has concerns that, if the test is not required, it may be glossed over in favor of things that are mandatory.*

*Dr. Kingston described his credentials and experience in the area of health regulation, noted that the exact source of lead exposure can be determined by isotope testing, and indicated that these tests can be used when there is a difference of opinion regarding the source of lead. Dr. Kingston indicated that lead is used in a variety of applications that can ultimately become a source of elevated lead levels, and that it is not unforeseeable that there may be fairly strident disputes regarding the source of elevated lead levels, for example between a daycare and parents who each believe that the other is the source of the exposure.*

*In response to a question from Mr. DeMarco, Dr. Kingston noted that a relatively small toy can contain several grams of lead, depending on the materials used in its manufacture. Dr. Kingston noted that even chocolate and other foodstuffs can be a source of lead if it comes from a country that has not outlawed leaded gasoline.*

*In response to a question from Ms. Means, Dr. Kingston noted that catching elevated lead levels early is fundamentally important, and that only testing can reveal that.*

*In response to a question from Mr. Kress, Dr. Kingston discussed the isotope testing methodology, noting that it essentially boils down to putting a blood sample through a mass spectrometer.*

*In response to a question from Mr. Catena, Dr. Kingston noted that universal testing is the easy part, and that remediation is significantly more difficult to undertake, in part due to how many potential sources there can be.*

*Ms. Means requested that the committee recess to continue the conversation at a later date.*

**A motion was made by Macey, seconded by Catena, that this matter be Affirmatively Recommended. The motion carried by the following vote:**

**Members Yes:** 7 - Baker, Catena, Futules, Kirk, Klein, Macey and Palmiere

**Members No:** 2 - Kress and Means

**Members Absent:** 1 - Ellenbogen

**Members** 4 - Martoni, DeMarco , DeFazio and Walton  
**Non-Member:**

**Members Yes:** 7 - Baker, Catena, Futules, Kirk, Klein, Macey and Palmiere

**Members No:** 2 - Kress and Means

**Members Absent:** 1 - Ellenbogen

**Members** 4 - Martoni, DeMarco , DeFazio and Walton  
**Non-Member:**

## V. Adjournment

*The meeting was adjourned at 6:06.*