



JEFFERSON COUNTY BOARD OF HEALTH

Wednesday, April 13, 2016 - 5:00 p.m.
5th Floor Board Room

PRESENT: Jennifer R. Dollar, M.D., Max Michael, III, M.D., Joshua Miller, D.O.,
Yocunda Clayton, M.D., and Hernando Carter, M.D.

ABSENT: Commissioner Jimmie Stephens

OTHERS

PRESENT: Mark Wilson, M.D., Carolyn Dobbs, M.D., Kim Cason, Rodney Holmes,
Corey Masuca, David Maxey, Esq., Barbara Newman, Chris Osborne,
Jonathan Stanton, and Denisa Pridmore

Call to Order

The meeting was called to order by Dr. Dollar, Chair.

Dr. Dollar introduced the new Board member, Dr. Hernando Carter.

Minutes

Minutes of the March 9, 2016 meeting were approved as distributed.

JCDH Tobacco Control and Prevention Program

Barbara Newman, MPA, MPH, Environmental Health Program Supervisor in the Community Assessment Division, gave a presentation on public health issues being addressed by JCDH and other public entities. She reviewed staff changes that have taken place to make the area more efficient. The Tobacco Control and Prevention Program has contracted with the Alabama Department of Public Health (ADPH) to provide an Area 4 Tobacco Control Coordinator. Food and Drug Administration (FDA) compliance inspections are conducted on tobacco product retailers in order to protect the public's health. Staff is assigned to work on municipality ordinance adoptions in conjunction with JCDH community partners. The Community Assessment Division also works with the Health Action Partnership's Promoting Healthy Lifestyles Priority Group, who has a committee devoted to Tobacco Control & Prevention.

JCDH's goal is for Jefferson County to be as close to 100% smoke-free, as possible. Ms. Newman reported that recent activities include a proposed rule by the U.S. Department of Housing and Urban Development (HUD) to restrict smoking in public housing. JCDH will be working with the local public housing entities in Jefferson County. Homewood adopted a comprehensive smoke-free ordinance in November 2015. Staff will be targeting Mountain

Brook and Irondale as the next potential municipalities to adopt comprehensive smoke-free ordinances.

Ms. Newman noted that letters of support are available for any Board members who live in the city of Mountain Brook or Irondale. These would be valuable when JCDH staff provide education on the dangers of second hand smoke to the public officials in these areas.

Financial Statement

Mr. Rodney Holmes, Director of Finance & Administration, discussed the March 2016 Financial Report. A motion to accept the financial report was made, seconded and approved.

Contracts

On the motion of Dr. Michael, and seconded by Dr. Clayton, the following contracts were approved:

Renewal of a contract with the Community Foundation of Greater Birmingham (payee) to manage the JCDH Public Health Advised Fund and perform all duties outlined in the 2016-2018 Work Plan at a rate of \$18,000 per year; not to exceed \$54,000 from January 1, 2016 through December 31, 2018.

A new contract with Guardian-IPCO, Inc. (payee) to provide water treatment services to the Guy Tate building, Eastern and Western Health Centers at a rate not to exceed \$10,000 from March 1, 2016 through February 28, 2017.

A new contract with "T Renee" Independent Fitness Instructor (payee) to lead fitness presentations held at JCDH locations during Public Health Week at a rate not to exceed \$500 from April 8, 2016 through April 10, 2016.

A new contract with Lifestages Publishing, Inc./dba Alabama Baby & Child Magazine (payee) to provide advertising, print and digital media services to increase awareness of the Women, Infants & Children Program at a rate not to exceed \$4,250 from April 1, 2016 through March 31, 2017.

A new contract with Samford University, Ida V. Moffett School of Nursing, for JCDH to provide preceptorship experience for Graduate Nurse Practitioner students from April 1, 2016 through April 1, 2019 with no funds exchanged.

Renewal of a contract with the Alabama Department of Public Health (payor) to support efforts to plan, develop and maintain a public health infrastructure to assure immunization coverage levels and low incidence of vaccine preventable diseases at a rate not to exceed \$287,005 from January 1, 2016 through December 31, 2016.

Title V Permit Fees

Corey Masuca, Principal Air Pollution Control Engineer in Environmental Health, gave a brief overview of the following resolution to increase Title V Permit fees. He reminded the Board his division regulates big industrial sources in Jefferson County to make sure they are in compliance with federal, state and local standards. The fee increase is consistent with the Alabama Department of Environmental Management's (ADEM) fee.

On the motion of Dr. Miller, and seconded by Dr. Clayton, the following resolution was approved:

WHEREAS, The Federal Clean Air Act and the Jefferson County Board of Health Air Pollution Control Rules and Regulations require that the Title V operating permit program fees be established to adequately fund the Title V operating permit program's responsibilities; and

WHEREAS, that the Title V permit fees may be used only for the Title V permit program; and

WHEREAS, it is projected that for Fiscal Year 2016, Title V permit fee revenues, based on a fee of \$43.00 per ton will adequately fund the operating **and capital** expenses of the Title V permit program;

Now, therefore, be it resolved, ordained, ordered and enacted by the Jefferson County Board of Health that:

Title V Operating Permit fees will be assessed at the rate of \$43.00 for the release of each ton of regulated pollutant as specified in Chapter 16 of the Jefferson County Board of Health Air Pollution Control Rules and Regulations for calendar year 2015 emissions, which fees will be payable in fiscal year 2016.

Purchase and Distribution of Opioid Antagonist

Dr. Wilson reported that JCDH has established a naloxone clinic for individuals to get prescriptions, in addition to providing community outreach in various places such as treatment programs, using free samples of naloxone from the drug company. We are about to deplete our supply and will be unable to provide naloxone for those who cannot afford to purchase it. The Board previously passed a resolution for the Health Officer to issue standing orders with local pharmacies to allow them to dispense naloxone without a prescription. Individuals would have to pay for these prescriptions. Dr. Wilson's experience has shown that JCDH should provide free naloxone for some cases in order to be more effective in dealing with the heroin overdose deaths. He stated the following resolution gives JCDH the authorization to use public health funds to purchase this medicine and have the ability to give it away strategically to be most effective.

The Board expressed concerns with the price of the medication and questioned the possibility of a negotiated price with the pharmaceutical companies. Dr. Wilson reviewed options that were available, including some with a special public health fund pricing. Dr. Clayton asked if it was possible to track how many addicts are in Jefferson County and how naloxone would decrease this number. Dr. Wilson said this has been a challenge and there are gaps in the data. We do have the number of overdose deaths from the coroner's office. Information has also been available from the Birmingham Regional Emergency Medical Services ambulance service.

The Board discussed and agreed the heroin overdose deaths are a public health issue and will allow JCDH to purchase opioid antagonist to be distributed according to the guidelines listed

below. Dr. Dollar requested that the Board receive feedback on the distribution of the medication and the funds spent.

On the motion of Dr. Michael, and seconded by Dr. Miller, the following resolution was approved:

WHEREAS, the Board of Health on September 10, 2014 passed the attached resolution (Exhibit A) addressing the heroin and prescription opioid addiction and overdoses;

WHEREAS, June 5, 2015 Alabama Code 1975, § 20-2-280 through 282, as amended 2015 (the "Act"), attached (Exhibit B), became law in Alabama addressing opioid antagonist administration, who may offer drugs or treatment, requirements and safeguards, immunity for companions seeking help and training for law enforcement;

WHEREAS, the Board of Health on January 13, 2016 passed the attached resolution (Exhibit C) authorizing standing orders for Naloxone at Jefferson County pharmacies;

WHEREAS, the public health need for distribution of opioid antagonists to prevent deaths continues;

BE IT RESOLVED that Jefferson County Department of Health is authorized to purchase opioid antagonist for distribution in Jefferson County at no cost to individuals at risk of experiencing an opioid-related overdose, or to a family member, friend, or other individuals, including law enforcement, in a position to assist an individual at risk of experiencing an opioid-related overdose.

Health Officer Report

Guy Tate Building (GTB) Parking Deck Update

Dr. Wilson stated the construction on the GTB parking deck is almost complete. A walk through is scheduled for Friday, April 15, 2016.

Zika Virus

Dr. Wilson announced that JCDH will be establishing Incident Command System (ICS) to manage information and activities related to the Zika Virus. Environmental Health staff are surveying the local municipalities to determine their capability to spray for mosquitos if necessary.

New York Times Article

Dr. Wilson was interviewed and quoted by the New York Times in an article titled "Where the Poor Live in America May Help Determine Life Span." Research by Stanford published in the Journal of the American Medical Association revealed that the gap in life spans between the rich and poor widened from 2001 to 2014 overall. But for the Birmingham area, the gap decreased. There was a dramatic increase in life expectancy for the lowest income quarter of the population compared to the rest of the country. In fact, they had the second highest increase among the 100 most populous areas in the U.S. From 2001 to 2014, the average lifespan for adults in the lowest quarter of income in and around Birmingham rose 3.8 years for men and 2.2 years for women. Unfortunately, the highest income quartile in the

Birmingham area had a decrease in life expectancy during the same time period. This study was unusual in that it looked not at overall life expectancy but life expectancy after age 40. So it does not take into account infant mortality or death among youth and young adults. It also factored out racial and ethnic differences in life expectancy in order to compare different areas of the country evenly.

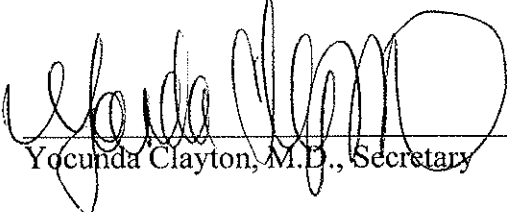
High Ore Line Trail

Dr. Wilson reported that a grand opening and ribbon cutting ceremony is planned for Saturday, May 7, 2016 at 10:00 a.m. for the High Ore Line Trail in Midfield. He invited the Board to attend.

Board of Health Photographs

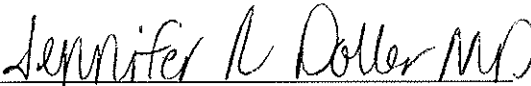
Dr. Wilson reminded the Board to send an updated bio and electronic photograph so that it may be posted on the new JCDH website.

The next Board of Health meeting is scheduled for Wednesday, May 11, 2016 at 5:00 p.m. in the Fifth Floor Board Room. There being no further business, the meeting adjourned at 6:10 p.m.



Yocunda Clayton, M.D., Secretary

Approved:



Jennifer R. Dollar, M.D., Chair

Attachments:

- Exhibit A
- Exhibit B
- Exhibit C

Jefferson County Board of Health
September 10, 2014

BOARD OF HEALTH RESOLUTION

Addressing the Heroin and Prescription Opioid Drug Addiction and Overdoses

WHEREAS, there were 58 deaths from heroin overdose in Jefferson County in 2012 and 58 deaths again in 2013, up from a baseline of 13 in 2008 (1);

WHEREAS, drug overdose death rates in the United States have been rising steadily since 1992; the majority of these are accidental and the majority of these involve opioids (2);

WHEREAS, there are nearly 15,000 deaths per year in the United States confirmed to be the result of overdoses involving prescription opioids (2);

WHEREAS, in 2010, 1 in 20 people in the United States (age 12 or older) reported using prescription painkillers for nonmedical reasons in the past year (2);

WHEREAS, drug overdose was the leading cause of injury death in 2011, and among people 25 to 64 years old, drug overdose caused more deaths than motor vehicle crashes (3);

WHEREAS, several public health, medical, and public policy organizations, including the American Public Health Association, the National Association of County and City Health Officials, the American Medical Association, the American Society of Addiction Medicine, the Substance Abuse and Mental Health Services Administration, and the Harm Reduction Coalition, have recommended wider distribution of naloxone for reversal of suspected opioid overdoses (4) (5) (6) (7) (8) (9);

WHEREAS, twenty-four states and the District of Columbia have amended their laws to make it easier for medical professionals to prescribe and dispense naloxone, and for lay administrators to use it without fear of legal repercussions (10);

WHEREAS, there is evidence that equipping law enforcement first responders with naloxone has resulted in a significant number of opioid overdose reversals and reductions in overdose death rates in some areas (11);

WHEREAS, as of 2010, a total of 188 United States programs distributing naloxone to laypersons reported training 53,032 persons and recording 10,171 drug overdose reversals (12);

WHEREAS, twenty-one states and the District of Columbia have enacted some form of a law giving immunity to individuals who call 911 in an overdose situation (13);

WHEREAS, the United States Conference of Mayors supports the continued establishment of emergency "Good Samaritan" policies to encourage individuals to call 911 in the case of an overdose, without fear of prosecution (14);

WHEREAS, a community strategic planning process to address the local heroin overdose epidemic is underway, initiated by the U.S. Attorney's Office of the Northern District of Alabama, and assisted by the Jefferson County Health Officer and the Dean of the UAB School of Public Health, and includes the following five strategic priority areas: Public Awareness, Medical Community Engagement, Effective Research and Policy, Law Enforcement Partnership, and Access to Resources (15) (16) (17) (18);

NOW, THEREFORE, BE IT RESOLVED, that the Jefferson County Board of Health encourages the following community efforts to combat the epidemic of deaths and other adverse health outcomes related to heroin and prescription opioid abuse and addiction:

- 1) Conduct a public awareness campaign on the seriousness and widespread nature of the current epidemic of heroin and prescription opioid addiction and overdoses.
- 2) Expand efforts to educate prescribers on appropriate prescribing of opioids, the risks of addiction and diversion, ways to safeguard against addiction, ways to recognize addiction, and ways to avoid diversion, including use of the Alabama Prescription Drug Monitoring Database (PDMP).
- 3) Educate patients and families of patients, as well as the general public, on the risks of opioid abuse and addiction and the risks of inadvertent prescription opioid diversion, as well as measures to help prevent these problems.
- 4) Increase access to secure drug take-back sites (drop boxes) year-round, to lower the risk of inadvertent diversion of opioids and other controlled substances.
- 5) Enact policy change that would allow more first responders, including local law enforcement, to be equipped with naloxone and properly trained to use it for reversal of suspected heroin or other opioid overdose.
- 6) Evaluation by policymakers of the risk vs. benefit of opioid overdose prevention programs that emphasize broader distribution of naloxone to properly trained laypersons who may be in a position to provide first aid to a suspected opioid overdose victim.
- 7) Implementation of policy change that would provide immunity from arrest or prosecution, with certain restrictions, for "Good Samaritans" who call 911 for a suspected overdose situation.
- 8) Involve the medical prescriber community in problem solving to help prevent and reduce the risk of addiction and its consequences.
- 9) Increase availability and address barriers to access of effective drug rehabilitation programs including evidence-based opioid replacement treatments.
- 10) Endorse local or state efforts to increase research toward finding more effective ways to prevent and treat addiction.

References:

- (1) Jefferson County Coroner's Office
- (2) Centers for Disease Control and Prevention. "Vital Signs", November 2011.
- (3) Centers for Disease Control and Prevention. Wide-ranging OnLine Data for Epidemiologic Research (WONDER) [online]. (2014) Available from URL: <http://wonder.cdc.gov/mortsql.html>
- (4) APHA Policy: Reducing Opioid Overdose through Education and Naloxone Distribution. Policy Date: 11/5/2013. Policy Number: 20133. Available from URL: <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1449>
- (5) National Association of County and City Health Officials. Record of Action Proposed by NACCHO Injury and Violence Prevention Workgroup, Approved by NACCHO Board of Directors on July 8, 2014. Available from URL: <http://www.naccho.org/advocacy/positions/upload/14-04-Rx-Drug-Epidemic.pdf>
- (6) American Medical Association. AMA Statement on Naloxone Product Approval. April 7, 2014. Available from URL: <http://www.ama-assn.org/ama/pub/news/news/2014/2014-04-07-naloxene-product-approval.page>
- (7) <http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2011/12/15/use-of-naloxone-for-the-prevention-of-drug-overdose-deaths>
- (8) Substance Abuse and Mental Health Services Administration (SAMHSA). Opioid Overdose Toolkit. August, 2013.
- (9) Harm Reduction Coalition. "Harm Reduction Coalition Applauds Release of SAMHSA Overdose Prevention Toolkit." Available from URL: <http://harmreduction.org/overdose-prevention/harm-reduction-coalition-applauds-release-of-samhsa-overdose-prevention-toolkit/>
- (10) The Network for Public Health Laws. Legal Interventions to Reduce Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws [online]. May, 2014. Available from URL: https://www.networkforphl.org/_asset/qz5pvn/network-naloxone.pdf
- (11) New York Times. "Anti-Overdose Drug Becoming an Everyday Part of Police Work" June 12, 2014. Available from URL: http://www.nytimes.com/2014/06/13/nyregion/anti-overdose-drug-becoming-an-everyday-part-of-police-work.html?_r=0
- (12) Centers for Disease Control and Prevention (CDC). Community-based opioid overdose prevention programs providing naloxone - United States, 2010. MMWR Morbidity and Mortality Weekly Report 2012; 61(6):101-105.
- (13) National Conference of State Legislators. Drug Overdose Immunity "Good Samaritan" Laws. August 25, 2014. Available from URL: <http://www.ncsl.org/research/civil-and-criminal-justice/drug-overdose-immunity-good-samaritan-laws.aspx>

(14) The United States Conference of Mayors: Children, Health and Human Services Committee. "Saving Lives through Overdose Prevention." June, 2014. Available from URL:
<http://www.usmayors.org/82ndAnnualMeeting/media/resolutions-final.pdf>

(15) AL.com. "Community action needed as heroin deaths rapidly climb" (Opinion from Joyce Vance). September 22, 2013.

(16) AL.com. "Heroin Epidemic in Birmingham" (Opinion by Mark E. Wilson, MD). June 2, 2014.

(17) AL.com. "Spike in 'needle-in-the-arm deaths' prompts heroin summit in Birmingham" by Carol Robinson. May 30, 2014.

(18) Pills to Needles -The Pathway to Rising Heroin Deaths: A Community Alert and Call to Action [online]. June 10, 2014. Available from URL:
<http://www.justice.gov/usao/aln/Linked%20Documents/Pills%20To%20Needles%20summit%20advance.pdf>

Code of Ala. § 20-2-280

Current with amendments, enactments, and repeals through the end of the 2015 Regular and First Special Sessions (Acts 2015, No. 15-534) and with amendments through the end of the Second Special Session (Acts 2015, Nos. 15-553)

Michie's™ Alabama Code > TITLE 20 Food, Drugs, and Cosmetics > CHAPTER 2 Controlled Substances > Article 13 Opioid Antagonist Administration

§ 20-2-280. Who may offer drugs or treatment; requirements and safeguards.

- (a) For the purposes of this section, "opioid antagonist" means naloxone hydrochloride or other similarly acting drug that is approved by the federal Food and Drug Administration for the treatment of an opioid overdose.
- (b) A physician licensed under Article 3, Chapter 24, Title 34, Code of Alabama 1975, or dentist licensed under Chapter 9, Title 34, Code of Alabama 1975, acting in good faith may directly or by standing order prescribe, and a pharmacist licensed under Chapter 23, Title 34, Code of Alabama 1975, may dispense, an opioid antagonist to either of the following:
 - (1) An individual at risk of experiencing an opiate-related overdose.
 - (2) A family member, friend, or other individual, including law enforcement, in a position to assist an individual at risk of experiencing an opiate-related overdose.
- (c) As an indicator of good faith, the physician or dentist, prior to prescribing an opioid antagonist under this section, may require receipt of a written communication that provides a factual basis for a reasonable conclusion as to either of the following:
 - (1) The individual seeking the opioid antagonist is at risk of experiencing an opiate-related overdose.
 - (2) The individual other than the individual at risk of experiencing an opiate-related overdose and who is seeking the opioid antagonist is in relation to the individual at risk of experiencing an opiate-related overdose as a family member, friend, or otherwise in the position to assist the individual.
- (d) An individual who receives an opioid antagonist that was prescribed pursuant to subsection (b) may administer an opioid antagonist to another individual if he or she has a good faith belief that the other individual is experiencing an opiate-related overdose and he or she exercises reasonable care in administering the opioid antagonist. Evidence of exercising reasonable care in administering the opioid antagonist shall include the receipt of basic instruction and information on how to administer the opioid antagonist.
- (e) All of the following individuals are immune from any civil or criminal liability for actions authorized under this article:
 - (1) A physician or dentist who prescribes an opioid antagonist pursuant to subsection (b) and who has no managerial authority over the individuals administering the opioid antagonist.
 - (2) A individual who administers an opioid antagonist pursuant to subsection (d).
 - (3) A pharmacist who dispenses an opioid antagonist pursuant to subsection (b).

History

Acts 2015, No. 15-364, § 1, June 5, 2015.

Annotations

Notes

Effective dates.

Acts 2015, No. 15-364, effective June 5, 2015.

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Code of Ala. § 20-2-281

Current with amendments, enactments, and repeals through the end of the 2015 Regular and First Special Sessions (Acts 2015, No. 15-534) and with amendments through the end of the Second Special Session (Acts 2015, Nos. 15-553)

Michie's™ Alabama Code > TITLE 20 Food, Drugs, and Cosmetics > CHAPTER 2 Controlled Substances > Article 13 Opioid Antagonist Administration

§ 20-2-281. Immunity for companions seeking help.

- (a) Notwithstanding any other law to the contrary, an individual under 21 years of age may not be prosecuted for the possession or consumption of alcoholic beverages if law enforcement, including campus safety police, became aware of the possession or consumption of alcohol solely because the individual was seeking medical assistance for another individual under this article.
- (b) Excluding Section 32-5A-191, Code of Alabama 1975, an individual may not be prosecuted for a misdemeanor controlled substance offense if law enforcement became aware of the offense solely because the individual was seeking medical assistance for another individual under this article.
- (c) This section shall apply if, when seeking medical assistance on behalf of another, the individual did all of the following:
 - (1) Acted in good faith, upon a reasonable belief that he or she was the first to call for assistance.
 - (2) Used his or her own name when contacting authorities.
 - (3) Remained with the individual needing medical assistance until help arrived.

History

Acts 2015, No. 15-364, § 2, June 5, 2015.

Annotations

Notes

Effective dates.

Acts 2015, No. 15-364, effective June 5, 2015.

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Code of Ala. § 20-2-282

Current with amendments, enactments, and repeals through the end of the 2015 Regular and First Special Sessions (Acts 2015, No. 15-534) and with amendments through the end of the Second Special Session (Acts 2015, Nos. 15-553)

Michie's™ Alabama Code > TITLE 20 Food, Drugs, and Cosmetics > CHAPTER 2 Controlled Substances > Article 13 Opioid Antagonist Administration

§ 20-2-282. Law enforcement officer training.

On or before January 1, 2016, the Alabama Department of Public Health shall approve a specific training curriculum for completion by law enforcement officers who elect to carry and administer opioid antagonists.

History

Acts 2015, No. 15-364, § 3, June 5, 2015.

Annotations

Notes

Effective dates.

Acts 2015, No. 15-364, effective June 5, 2015.

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Jefferson County Board of Health
January 13, 2016

RESOLUTION

Authorizing Standing Orders for Naloxone at Jefferson County Pharmacies

WHEREAS, there were 137 confirmed deaths from heroin overdose in Jefferson County in 2014, up from a baseline of 13 in 2008 (1);

WHEREAS, there were 80 confirmed deaths from prescription opioid overdose in Jefferson County in 2014 (1);

WHEREAS, the number of deaths from all opioids including heroin exceeded the number of other accidental deaths or gun-related deaths in Jefferson County in 2014 (1);

WHEREAS, a growing number of overdose deaths from opioids in 2015 involved illegally-produced fentanyl, which is even more potent than heroin (1);

WHEREAS, it is well documented nationally that distribution of naloxone to laypersons is an effective public health strategy for reducing overdose deaths (2);

BE IT RESOLVED that the Health Officer of the Jefferson County Department of Health, under Alabama Code 1975, § 20-2-280 through 282, as amended 2015 (the "Act"), and in an effort to reduce the number of opioid-related overdose deaths in Jefferson County, Alabama, is authorized to issue standing orders under said Act and written protocol to licensed pharmacists in Jefferson County to dispense an opioid antagonist to individuals at risk of experiencing an opioid-related overdose, or to a family member, friend, or other individual, including law enforcement, in a position to assist an individual at risk of experiencing an opioid-related overdose.

References:

(1) Jefferson County Coroner's Office

(2) Centers for Disease Control and Prevention (CDC). Community-based opioid overdose prevention programs providing naloxone - United States, 2010. MMWR Morbidity and Mortality Weekly Report 2012; 61(6):101-105.