



City of Columbia, Missouri

Meeting Minutes

Board of Health



Thursday, November 10, 2016
5:30 PM

Regular

Public Health and
Human Services
1005 W Worley

I. CALL TO ORDER

The Columbia/Boone County Board of Health met for a regularly scheduled meeting at 5:30 p.m., Thursday, November 10, 2016, at the Columbia/Boone County Department of Public Health and Human Services. Public Health and Human Services Director Stephanie Browning and Assistant Director Scott Clardy represented the staff. Dianna Ledgerwood, Administrative Support Assistant, recorded the minutes of the meeting.

After determining there was a quorum, Dr. Szewczyk called the meeting to order at 5:38 pm.

Present: 6 - Harry Feirman, Elizabeth Hussey, Lynelle Phillips, Mahree Skala, David Sohl and Michael Szewczyk

Excused: 5 - Cynthia Boley, Sally Lyon, Colin Malaker, Jean Sax and Denise Stillson

II. APPROVAL OF AGENDA

Dr. Szewczyk noted that the City Council will be considering adoption of a "Vision Zero" policy and input from the Board of Health was requested. He asked that this topic be added to the Agenda under New Business.

A motion was made by Dr. Szewczyk, seconded by Harry Feirman, and carried for this change to the Agenda.

III. APPROVAL OF MINUTES

Dr. Szewczyk pointed out that the format of the minutes has changed to provide uniformity with other boards and commissions as well as the City Council.

The minutes from the October 13, 2016 meeting were reviewed. There was discussion that not enough detail was provided regarding the deliberations of the Board regarding the licensing of tobacco retailers. There was agreement among board members that the minutes should reflect that the board was unanimous in its recommendation that tobacco retailers be licensed but there was disagreement on one point, that being whether or not the fines for non-compliance with age restrictions be increased. It was felt that the minutes should better reflect the discussion, rationale and vote on that issue. It was

recommended that the minutes be amended to include the following:

The board was unanimous in all its recommendations except for the amount of the fines levied for non-compliance. Regarding the fines, the board heard testimony from James Greer, representing a business that owns multiple gas station/convenience stores. He indicated that he was not against licensing but felt that the current fine structure should be left in place. He noted that since the City does not do compliance checks, there is no evidence that it will not work as an effective deterrent. He felt that before fines are raised, it should be seen whether or not the current fine structure is effective. There was considerable discussion and the board voted 6 to 2 to keep the current fine structure. Ms. Boley and Ms. Phillips felt that the fines should be higher, consistent with best practices, the fine structure recommended by the Tobacco Control Legal Consortium, and voted against the measure.

A motion was made by Beth Hussey, seconded by David Sohl, the minutes be amended as stated. After discussion, the motion was unanimously approved.

IV. REPORTS

Director's Report

Stephanie Browning reported that as of today there are 23 mumps cases and another 30+ possible cases at the University of Missouri. All cases were up-to-date on vaccinations. Lynelle Phillips stated that these types of outbreaks are happening all over the country right now. It is projected that as much as one-third of the actual mumps cases are actually undiagnosed.

County Commissioner Report

Janet Thompson was not at the meeting due to being in a training session. Stephanie Browning presented a report on her behalf. Kelly Wallis is preparing to issue a Request for Proposals to obtain a SSI/SSDI Outreach, Access, and Recovery (SOAR) Specialist and a Peer Specialist within Boone County to help those eligible adults who are homeless or at risk of becoming homeless to become reconnected with their benefits and thus remove them from these precarious situations. The County has begun to collate data about the various crisis lines in Boone County working with Joint Communications and the mental health community to establish more effective procedures, as well as education for the public, about how we can get people connected with services through the use of crisis lines and not necessarily through 911. The County is also facilitating getting Crisis Intervention Training (CIT) for their 911 call takers so they can be more effective in de-escalating crises while talking to members of the public. Further, the County is working toward a collaboration of Boone County and the MU School of Social Work to provide case management services to those detained in the Boone County Jail to minimize the likelihood they will re-offend because they have not been connected with services upon their release.

V. OLD BUSINESS

Attachments: [Handout from Dr. Szewczyk regarding Licensing of Tobacco Retailers](#)

Dr. Szewczyk referred to the DRAFT report he prepared on behalf of the Board to be sent to the City Council concerning the adoption of a Tobacco Retail Licensing program for the City. The Board recommendations are: 1) The City should require the licensing of all tobacco retailer locations. 2) Licensing fees should be based on collecting adequate funding to perform two compliance checks per year at each retailer location. 3) With program implementation, the current escalating fine structure, based on a rolling 24 months, should be retained with the addition of a 5th violation level, resulting in license revocation for 30 days. 4) The City should provide education to retailers regarding the licensing program and consider making available an online course for owners and employees.

Discussion ensued and it was recommended that the report be revised to:

- 1) More clearly identify that the police have the responsibility to do the compliance checks but can receive assistance from other organizations in fulfilling this responsibility.
- 2) Identify the reasons why 2 board members felt that fines should be increased. That is, to be sufficient to deter repeat violations.

A motion was made by Harry Feirman for the letter to be sent with requested changes. Beth Hussey seconded and it was approved.

VI. NEW BUSINESS

Prescription Drug Monitoring Program

Stephanie Browning reported Missouri is the only state in the nation that does not have a prescription drug monitoring program (PDMP) in place to improve the quality of patient care and potentially prevent or reduce the misuse of controlled prescriptions. There have been bills filed in the Missouri legislature multiple times that have never passed. In March of this year, St. Louis County (STLCO) adopted the St. Louis County Narcotics Control Act to establish and maintain a program for monitoring the prescribing and dispensing of all Schedule II, III, and IV controlled substances by professionals licensed to prescribe or dispense these substances in St. Louis County.

The STLCO ordinance includes a section that authorizes the use of their monitoring system by governmental jurisdictions outside of St. Louis County. St. Louis City, St. Charles County, Jackson County, and Jefferson County are all at varying stages of legislation and program development to join in the STLCO program. At the September 6, 2016, Council meeting, Mayor Treece inquired about the possibility of implementing a prescription drug monitoring program in the City/County to help control the opioid and prescription drug abuse and overdose issues. The Mayor requested that PHHS and the Law Department assess the feasibility and need for a PDMP and come back to the Council with legislation for their consideration. At that time, Councilman Skala

requested that the BOH also weigh in on whether or not a PDMP is right for the community.

It was noted that in the 1960's, more than 80% of heroin users reported heroin as their first opioid. In the 2000's, a total of 75% of heroin users reported that their first opioid was prescription opioids. In the US, prescription opioid use varies according to age, gender, and ethnicity: adults over age 40 are more likely to use prescription opioids than adults ages 20-39; women are more likely to use prescription opioids than men; non-Hispanic whites are more likely to use prescription opioids than Hispanics; and, there are no significant differences in prescription opioid use between non-Hispanic whites and non-Hispanic blacks.

In Boone County, between 2010 and 2014, Emergency Room discharges for opioid diagnosis have increased 113.6% (compared to MO where the increase was 19.9%). Hospital discharges for opioid diagnosis increased 46.7% in that same five year period (compared to 25.1% for MO same period). Drug overdose deaths can be hard to categorize. In approximately 1 in 5 drug overdose deaths, no specific drug is listed on the death certificate. In many deaths, multiple drugs are present, and it is difficult to identify which drug or drugs caused the death (for example, heroin or a prescription opioid, when both are present). The CDC reports that at least half of all opioid overdose deaths involve a prescription opioid and that since 1999, prescription opioid overdose deaths have quadrupled. Furthermore, people who are addicted to prescription opioid painkillers are 40 times more likely to be addicted to heroin.

How does a PDMP work? Appriss is the vendor selected by STLCO through an RFP process. They are the vendor of choice for over 20 state wide programs. The RFP process included a major requirement that the product must comply with HIPAA and all other state and federal laws. If PDMP legislation is passed locally, we will enter into an agreement with STLCO to use their system at an annual cost of \$15,110.52. Assuming that we have an ordinance passed to join the STLCO PDMP and a signed user agreement by the end of March 2017, STLCO is prepared to onboard us during the second quarter of 2017 with the first reports available for us in July, 2017. As proposed, pharmacies will have seven business days in which to submit their dispensing data. They will have multiple ways of sending information to Appriss, so they can select the method that works best for them. Data submission will follow the national standards developed by the American Society for Automation in Pharmacy. Health Care Providers will not enter patient data into the system. They will be able to request access to the PDMP through an online registration. As part of the implementation of the PDMP, threshold criteria will be established. Health care providers will be alerted when they log on to the system that their patient has crossed the threshold and will be able to pull a history on their patients as well. It is important to note, that PHSS will not have access to any identifiable patient information. We would receive aggregate and de-identified County-specific reports on prescribing practices that will enable us to describe the overall trends and patterns in prescribers, pharmacies, and patients at a population level.

Why should we have a PDMP? In September, 2014, the PDMP Center of Excellence at Brandeis University updated their briefing on PDMP effectiveness. Brandeis compiled research studies, evaluations, surveys, reports and data that

suggested that PDMP's are effective in improving medical care, reducing doctor shopping, inappropriate prescribing, drug diversion, prescription fraud, and drug investigations. These outcomes can contribute to lowering rates of addiction, overdose and death associated with the misuse of prescription drugs potentially resulting in a reduction in health care and public safety costs resulting from misuse. Drug abuse, including prescription drugs, is a problem in Boone County. It was cited as a concern in focus groups and surveys during our Community Health Assessment. A prescription drug monitoring program for Columbia and Boone County is a tool in addressing one pressing and growing issue in our community: opioid addiction.

The Health Department is working with the Law Department on a draft of the ordinance for City Council. An informational meeting, to get input from stakeholders, such as pharmacists and health care providers will be scheduled. Discussion ensued and board members expressed strong support for the implementation of a PDMP.

A motion was made by Mahree Skala that the Board of Health supports moving ahead with joining the STLCO PDMP. Harry Feirman seconded and it was approved unanimously.

Vision Zero Policy

Attachments: [Handout from Dr. Szewczyk regarding Vision Zero Draft Policy Resolution](#)
[Vision Zero presentation](#)

Vision Zero is a policy goal and data driven strategy to achieve zero fatalities or serious injuries across all forms of road transportation. Dr. Szewczyk presented information and handed out a DRAFT Policy Resolution to adopt a "Vision Zero" policy. It sets a goal of eliminating traffic deaths and serious injuries in Columbia by 2030. It was noted that over the last 10 years, Columbia's annual traffic fatality rate has been double that of Ann Arbor, Michigan, a university town, similar in size to Columbia. Vision Zero was the primary recommendation of the Mayor's Task Force on Pedestrian Safety. In addition, PedNet has obtained grant funding that could be used for the City to partially fund a Public Works Transportation Safety Engineer - \$25,000 and a Columbia Police Traffic Officer \$14,142 as well as monies for a public engagement and marking campaign - \$70,000. Discussion ensued

After discussion, a motion was made by Harry Feirman to support Vision Zero and include the suggestion that the City should advocate involvement with MO Department of Transportation. Motion seconded by Beth Hussey and approved unanimously.

VII. GENERAL COMMENTS BY PUBLIC, MEMBERS AND STAFF

None

VIII. NEXT MEETING DATE

Thursday, December 8, 2016, at 5:30 p.m.

IX. ADJOURNMENT

The motion was made by Harry Feirman that the meeting be adjourned at 7:00 p.m., seconded by Beth Hussey, and approved.

Members of the public may attend any open meeting. For requests for accommodations related to disability, please call 573-874-7214. In order to assist staff in making the appropriate arrangements for your accommodation, please make your request as far in advance of the posted meeting date as possible.