

CITY OF PHILADELPHIA  
DEPARTMENT OF PUBLIC HEALTH  
MEETING OF THE BOARD OF HEALTH

Thursday, March 9, 2017

The Philadelphia Board of Health held a public meeting on Thursday, March 9, 2017 in the Municipal Services Building, 1401 J.F.K. Boulevard, 14th Floor, Room 1450.

**Board Members Present:** Tyra Bryant-Stephens, MD; Ana Diez-Roux, MD, PhD, MPH; Thomas Farley, MD, MPH; Marla J. Gold, MD; Amid Ismail, BDS, MPH, DrPH, MBA; Scott McNeal, DO; John Rich, MD, MPH.

**Attendees:** Caroline Johnson, Jeffrey Hom, Joshua Roper.

**WELCOME AND INTRODUCTIONS:**

Health Commissioner and Board President Thomas A. Farley, MD, MPH called the meeting to order at 5:40 PM, welcoming the Board and guests. Dr. Farley asked for comments and questions about the minutes of the meeting of the Board of Health held on December 8, 2016. Hearing none, he entertained a motion to approve the minutes as submitted. It was moved and seconded.

**Motion passed.**

**PRESENTATION ON AFFORDABLE CARE ACT IN PHILADELPHIA:**

Dr. Farley presented on the positive impact of the Affordable Care Act (the “ACA”) in Philadelphia and the damage that would result from the enactment of the Affordable Health Care Act (“AHCA”), which has been framed as a replacement for the ACA.

*Benefits of ACA:*

- 225,000 Philadelphians who were previously uninsured are covered now, of which the largest share are those covered by the Medicaid expansion (166,000)
- 1 in 6 adults in Philadelphia are dependent on the ACA
- 650,000 Philadelphians are on Medicaid
- Philadelphia has a bigger stake in Medicaid than most states
- There are impressive results from evaluation research concerning the Medicaid expansion, including a significant reduction in all-cause mortality
- There are economic benefits to the Medicaid expansion, including the absence of co-pays for Medicaid recipients
- The City’s Health Centers are seeing an increasing ratio of insured to uninsured patients

### *Consequences of AHCA:*

- Insurance churn is expected to lead to a significant reduction in the Medicaid funding provided from the federal government, with the state having to make up an estimated two billion dollars to keep coverage level
- The state could elect to limit coverage or reduce benefits in numerous ways to save money
- Medicaid would change to a block grant
  - A block grant would not keep up with medical costs
  - Beneficiaries of Medicaid expansion will likely lose coverage, and others on Medicaid will likely see a reduction in benefits
- There is a strange penalty in the AHCA, whereby a gap in insurance leads to a 30% premium increase for a year
- The tax credits in the AHCA shift money from the poor to the rich
- The ratio in premiums permitted between the youngest and oldest people in a market increases to a 5x spread from a 3x spread
- The working poor will not be able to afford coverage
- The Prevention and Public Health Fund would be eliminated, which would be a huge hit to PDPH and would be devastating to CDC

Dr. Farley stated that AHCA would be disastrous for Philadelphia and asked Dr. Caroline Johnson to explain the effects on Department capacity that would result if the Prevention and Public Health Fund were eliminated. Dr. Johnson explained that the Department's ability to reengage under-immunized adults and to provide vaccines for underinsured and undocumented adults would be eliminated. Chronic disease funding, including funding for nutrition and exercise, would be eliminated. Special projects funding (e.g., projects related to Ebola and Zika) would be eliminated. Overall, AHCA and the elimination of the Prevention and Public Health Fund would significantly reduce the Department's capacity to respond to emergencies.

### **PRESENTATION ON OPIOID EPIDEMIC:**

Dr. Jeffrey Hom presented on the ongoing opioid overdose epidemic in Philadelphia. He noted that there has been a sharp rise in opioid-related mortality, including over 900 deaths in 2015. He further noted:

- 80% of drug overdoses in Philadelphia involve opioids
- Fentanyl prevalence is rising, which contributes to opioid mortality

- Prescription opioids can lead from use to misuse to abuse and overdose
- Opioid sales quadrupled between 1999 and 2010
- There has not been a large decrease in sales of opioids in Philadelphia since 2012
- Some individuals make the transition from opioid prescriptions to heroin
- Heroin is extremely cheap and pure in Philadelphia
- Prescription opioid abusers are nineteen times more likely to use heroin
- Non-Hispanic white men are the most common overdose demographic, but no demographic is unaffected
- The Department's goals include:
  - reducing overprescribing;
  - increasing treatment for people who need it; and
  - increasing the availability and use of naloxone
- He discussed a mailing to providers on reducing overprescribing
- Planned support for primary care providers in getting licensed to administer buprenorphine
- Engaging community members to make naloxone is more widely available

Dr. Hom noted that the work of the City's opioid task force (a body consisting of 23 members) continues, including report writing and the various activities of five subcommittees.

Dr. Caroline Johnson discussed making information about the composition of drugs (e.g., the presence of fentanyl) by drug stamp or street name available to the public, and the Board discussed the logistical challenges of making such information widely available and up-to-date.

Dr. Farley adjourned the meeting at 6:40 PM.