STATE BOARD OF HEALTH
THURSDAY, MARCH 13, 2008
11:00 A.M. to 1:00 P.M.
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
535 WEST JEFFERSON STREET
DIRECTOR'S CONFERENCE ROOM - 5TH FLOOR
SPRINGFIELD, ILLINOIS

Hearing held on MARCH 13, 2008, at the Offices of the Illinois Department of Public Health, 828 South Second Street, Second Floor, Springfield, Illinois, scheduled for the hour of 11:00 A.M.

PRESENT:

DR. JAVETTE C. ORGAIN
Chair
REV. DAVID McCURDY
Co-Chair

Molly A. Hobbie, CSR

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APPEARANCES:

Dr. Steven M. Derks (via telephonic)
Mr. Kevin D. Hutchison
Dr. Jane L. Jackman
Dr. Jerry Kruse
Dr. Peter Orris
Ms. Ann O'Sullivan
Ms. Karen Phelan
Dr. Tim Vega

ALSO PRESENT:
Mr. David Carvalho
Ms. Cleatia Bowen
Ms. Elissa Bassler (via telephonic)
Mr. Herb Whitely (via telephonic)

CHAIRMAN ORGAIN: Good morning everybody.

(Good morning.)

CHAIRMAN ORGAIN: I'm going to go to Agenda Item Number 2 which is --

MR. CARVALHO: Somebody just joined us on the phone? Steve Derks? Okay. Let me try to get the volume up a little bit.

CHAIRMAN ORGAIN: Is there anyone else on line? Please say your name if you're on line.

MR. CARVALHO: Steve, could you hear Javette asking you to say your name?

MR. DERKS: Yes, I can hear her.

CHAIRMAN ORGAIN: Thank you. We do have a quorum for conducting business, and we'll move on to the approval of the December 13th meeting summary, however, Cleatia and I are going to work on the meeting summary and we will seek approval at our next meeting.

All right. So now we're at Agenda Item Number 3 for the IDPH update. David.

MR. CARVALHO: Thank you. Did someone just join us by phone?

MR. WHITELY: Yeah, Herb Whitely.

MR. CARVALHO: Herb Whitely is on the

phone and Steve Derks.

MR. DERKS: I'll be on for about 45 minutes. I'm in Washington at a meeting so.

CHAIRMAN ORGAIN: Okay.

MR. CARVALHO: That's where Dr. Arnold is as well, perhaps a different meeting, perhaps ASTHO. Where is our Court Reporter? Oh, hi. Thank you. If you're on the phone and you which to say something, please say it with your name for the Court Reporter so she doesn't have to fight us to hear voices.

I mentioned Dr. Arnold is in Washington for ASTHO activities. ASTHO is the Association of State and Territorial Health Officers, and I should put in a plug for the thing he's mostly putting a plug in for which is building a new state laboratory and security resources and funding to replace the state lab.

If you recall, this was also a mission of Dr. Whittaker so Dr. Arnold has picked up the baton on that one and advocated both internally and externally for the resources. State lab is, excuse me, of benefit to both the health department and other health departments and other health entities

within the state and it is a high priority of Dr. Arnold to secure that during his tenure.

Since the December meeting of the State Board of Health probably the most noteworthy thing for the Department is the introduction of the Governor's budget. The Governor introduced his budget in late February and as has generally been the case, the budget for health entities and the Department of Health in particular has been -- is relatively good compared to other state agencies.

It may not be relatively good to the ideal budget and ideal times with ideal revenue streams, but compared to the resources that were available to most departments considering the resources that were available within the state budget, the Department did quite well. In particular, our general revenue expenditures were increased slightly, at the same time most state agencies saw cuts.

Our expenditures from other state funds, which is anything from the certificate of need fund to settlement funds to anything fee driven, went up 16 percent and then we're anticipating our federal funds going up slightly.

That, of course, is always dependent upon what the federal government does and they're in a different budget cycle than the state, but we appropriate based on our hopes and then spend according to the reality of what the federal government distributes.

Some of the highlights of the budget include an expansion of the Illinois Breast and Cervical Cancer Program, an increase of $5 million in particular, which is estimated to allow an additional 10,000 women to be provided services under the program and which would bring the case load in that program to 36,000 women.

There was an increase of $400,000 for suicide prevention programs. There was a new appropriation of $250,000 for men's health to assist with the implementation of a bill signed last year, Public Act 95-36, which calls for promotion of men's health concerns, and so we will have a program for men's health to join and compliment our program for women's health.

There is the $250,000 addition for a grant to UIC and the Great Lakes Center for Occupational and Environmental Safety and Health, and I'll say that again slower for Peter. The UIC

and the Great Lake Center for Occupational Environmental Safety and Health to conduct an environmental containment bio monitoring feasibility study. That funds the bill passed last year at 95-74.

One thing that may sound not very glamorous but is nonetheless very important to the Health Department is there was a $2.5 million increase for operations. In the past, the annual collective bargaining increases and travel mileage increases and increases for IT were expected to simply be absorbed out of existing resources, and this year there was a $2.5 million appropriation increase to assist in covering those charges and that is very welcome because as most of you know who deal with budget in the public sector there is very little wiggle room in budgets, and in the governmental sector you adopt a budget once a year and that's your budget for a year, and especially if you're in the health area, probably in all areas but especially in health area, you need to be able to respond to things as they come up.

If you've already cannibalized what flexibility you have in your budget to pay for

things like collective bargaining increases that were not otherwise provided for, that's very challenging so this is a good thing. There is always two steps forward and one step back so from the perspective of outside entities, probably one of the steps back in our budget is there were dedicated line items for certain non-core activities of the Department of Public Health.

In particular a million dollar line item for ALS research, a $5 million line item for juvenile diabetes research, and a $1 million line item for Alzheimer's treatment as well as a $3 million pass-through for the suburban funding health care council which runs the access to care program in suburban Cook.

Those $10 million line items were collapsed into a $3 million line item to be allocated among them in some fashion, and I'm sure the legislature will have further thoughts on that. And then the item that are probably doesn't mean much to the folks in this room but was of particular interest to the legislature during our hearing is some additional resources to operate the nursing stations over on the capitol complex.

I can assure you that we got almost as many questions about Nurse Nancy and whether her needs were being met as any of the other items in our budget from our legislators. Nursing stations are for the benefit of the thousands and thousands of people who pass through the capitol not just the legislators, so that's a good thing.

I can -- actually, this is a public document or a publicly available document. I can make sure that copies are available to you before you leave today, but if you're familiar with the process now, the budget goes for hearing before the House and Senate. We had our House hearing. We are, relatively speaking, one of those fortunate agencies that when they go for their budget hearing, at least in the House, most of the questions from the legislators are why isn't there more money in this one, why isn't there more money in that, can you have more staff for this or that.

I know I spoke with an agency director yesterday who has his budget hearing today and he assured me that was not going to be the reception he got, so by and large the reaction to this budget in our appropriations hearing was positive or a

request that there be more funds, but as you probably know from reading the papers there are not a lot of resources out there so if one seeks more funds for any of our line items such as the local protection grant for health departments, they'll need to be a funding source.

On that last one, by the way, the local protection grant line item last year was increased by $5 million and we continued that at that higher level in our new budget so that's a half glass empty half glass full item. If you wanted to see it go even higher I guess you were disappointed. If you were concerned that last year's increase might be a one time thing you would be pleased that it was continued.

Other than the budget, and that's a big other than, there are other things going on in the Department of course. We are in the legislative session and I saw a tally the other night that said there have been 9,000 bills introduced to date in the General Assembly, which I think is roughly twice the number that we introduced at this point even four years ago.

So we are monitoring those just as

with on your nightly news the consultants all tell them what stories about health people are interested in. The same thing pertains to the General Assembly. Bills relating to health are of great interest to the legislators and so we find a great number of bills to monitor. Hearings are going on right now on a wide variety of bills. We take positions, we share those positions with you at a later transmission. And at that point I'll just stop and respond to any questions.

MR. HUTCHISON: Dave, I had a couple. First of all, I compliment you and the Director and the budget folks at IDPH for retaining the 5 million. That's a significant resource that was put into the budget last year ostensibly on a one time basis but since it is in the funds that really will help us.

We're still advocating through local health for an increase in local health protection grant line item as the needs are there, and I know we may have legislative briefings downstream but two things that we related to the SHIP bill and one is Senate Bill 2012, working with comprehensive disease, planning and prevention. I think they did

reference the SHIP bill that the Board approved and if you have any idea where that's at in terms of the Department's support of that, and then also any updates that we know of regarding Smoke Free Illinois. I know there is several different pieces much patchwork amendments of that law that's in the hopper.

MR. CARVALHO: Certainly. I apologize. I should know. I wrote myself a mental note Friday to remind myself what our position was on Senate Bill 2012 and I neglected to do that, so I'll duck out during this meeting and confirm.

On the no smoking bill, Smoke Free Illinois bill and the rules, we are in the same limbo position that we've been since JCAR turned down the rules that we submitted. I forgot, that occurred after your last meeting, so let me just bring you up-to-date. We, and you, starting with you, well I guess starting with us but then you, struggled to get those rules done in a very timely fashion, and I believe you had a special meeting to do that and got to this Board very quickly, got into the JCAR publication process very quickly, and we were all we thought on track to having those

rules approved at the January meeting.

A couple of issues came up along the way that were a little out of left field but we thought that they had been dealt with. One was, and Steve can correct me if I get the details wrong, but one was about people wanting to do research, academic research, relating to smoking in Illinois and as a component of the research I guess there needed to be smoking done, and you couldn't do the research outdoors so there was the question of how that might be handled and the law didn't particularly have any clear way to allow that within the regulations.

From reading the newspapers you probably know there is a heightened sensitivity in Springfield right now about rules being consistent with laws and vice versa. So that issue was out there. There was also an issue, apparently there is a manufacturer of some sort of tobacco product that for quality control purposes people smoke the product to ensure that the quality of their carcinogen is adequate, and so there was a concern that the statute would put that business out of business, and the issue of whether the rules could

address that.

So heading into the JCAR meeting, we were under the impression that those were the two issues that were out there and that we had adequate responses to those issues including if the black letter of the law doesn't allow it you really can't expect us to deal with it in the rule. Instead, the issue at JCAR centered upon due process and the process for fines and the process for contesting fines, and it was from our perspective this main result but the JCAR process was amended several years ago to, on its face, give JCAR the ability to block a rule where theretofore they had only had the ability to slow a rule and JCAR chose to block this rule.

As you may know, and I'm not centrally involved in this issue so it's difficult for me to elaborate, but as you may know there is a dispute right now over whether that JCAR authority to block a rule stated in the current Illinois Administrative Procedures Act is in fact constitutional, whether it violates the separation of powers in particular.

I believe that is currently being

litigated and it has led to a somewhat tense relationship between the administration and legislature on the issue of rules. At this time I don't believe the decision has been made as to what to do next on this rule. The important message that we are conveying and we encourage others to convey is whether or not there is a rule, there is a statute and the statute by its terms is still in force.

The beneficial impact that rules have on clarifying what do those terms mean is unavailable where there are no rules, but the statute is in force and should be in force.

CHAIRMAN ORGAIN: All right.

MR. CARVALHO: Do you have anything to add Steve or did I cover the waterfront?

MR. DERKS: David, I guess I would add that I certainly concur with your depiction of what transpired. I guess I would add too that commentary that I have an appreciation of the challenges that IDPH has regarding, you know, the JCAR situation and some of the staffing issues as I understand them, you know, in terms of being able to deliver the needs of the public health community

throughout the state and respond to issues and local law enforcement.

I guess my only commentary, David, and maybe it comes in more of a perhaps more of a question or a dialogue with you all is the fact remains that the state is the lead and IDPH is the lead enforcer of the law and there are situations going on around the state that are causing confusion wherein local law enforcement authorities and/or even I think some local health departments are suggesting that the law is unenforceable.

I think there is potentially somebody is trying to litigate and maybe challenge the constitutionality. So I guess, David, to you is could you maybe explain how you all are dealing with those situations hopefully in a very forceful manner where you're, you know, dealing with the media and responding to some of the misinterpretations that are leading to confusion out there because that's obviously manifesting itself in the way state reps and state senators are pursuing legislation in Springfield based on some of the confusion.

MR. CARVALHO: Yes. I don't know lately

because I don't believe we've been receiving many inquiries lately, but certainly from the get go our public information officer's position with all media inquiries has been the law is in place, the law is to be enforced and then certainly our health promotion division has the same position as well. So nothing has changed on that. We continue to convey that message.

MR. DERKS: I guess if I could, I mean, I know there is an incident in St. Clair County where the State's Attorney I think is, you know, directed local law enforcement not to enforce. I think there is a business owner in Sandoval, Illinois who is having civil disobedience and smoking happen. I think there is a Bureau County attorney did something to defend their client and I think cited by again, you know, having the law declared unconstitutional.

So a forceful voice from the lead enforcement agency through your public information officer or the Director in these circumstances I think would be very helpful to, you know, preservation of the law and elimination of some of the confusion out there.

MR. CARVALHO: I will get myself back into the loop and see what we can do. Is there a river boat in St. Clair?

MR. HUTCHISON: Yes.

MR. CARVALHO: Is that a coincidence?

MR. DERKS: I think Madison, St. Clair but I think that's actually I think related to other things besides the casinos. But anyway, I am hopeful that, you know, the Department can help alleviate some of the confusion that's out there through perhaps a stronger voice, if at all possible, and again my colleagues who are on the Board here that are serving at the local health department level may be in a better position to comment on some of the things they're seeing.

CHAIRMAN ORGAIN: Let me just, before we move, I did distribute the letter that we approved at our last meeting and so you have a copy before you. It did go to the Governor. It essentially, Steve, is the letter that we worked on together and it was signed and sent forward. Ann, you had a question.

MS. O'SULLIVAN: First of all, I love your last line, a healthier New Year because of this

bill. Just living on the border areas over in Quincy, I would just alert you to possibly the next tactic that may be taken. In Iowa I heard they're working on Smoke Free Iowa of some variety and they have, I think it's in one the houses yet, it hasn't gone forward, but an exception for taverns and bars that have more than, I don't remember the number, but 20 or 25 percent of their business is food.

So that's, you know, they've been successful at that or at least so far in the process or something very similar to that, and I thought oh, let's hope the Illinois legislators aren't hearing that so they'll try to that part again. But, you know, I'm so happy with the law we have and we will get the rules going and we'll get it enforced. We're farther ahead than many others.

CHAIRMAN ORGAIN: Jerry, did you have a question?

MR. CARVALHO: We certainly continue to oppose, as a position, efforts to tweak the law. I think not that anybody should remain less vigilant, but I think you can probably concur from the difficult experience it is a lot harder to get a bill passed than it is to try and block one, and so

if nothing else at least the, momentum may not be the right word, but the positional advantage is now towards performance of keeping the current law in place because I think the track record so far only one bill has gotten even out of committee, hasn't it?

MR. DERKS: Which one? Yeah, the trailer bill, if that's what you're referencing. All of the rest have been defeated but that doesn't mean that there won't be more attempted.

MR. CARVALHO: Oh, no, but it's still generally a rule of thumb in Springfield it's easier -- it's better to be in a blocking position than trying to affirmatively pass something.

CHAIRMAN ORGAIN: Ann.

MS. O'SULLIVAN: Could you look up, while you're looking up the Department's position on 2012, I should know this number but all the numbers jumble up, the bill that is an amendment to the Nurse Practice Act proposing pilot programs for medication administration technicians and long-term care or do you know where the Department is on that? I'm sorry, I don't know the number of it. But that's something that we're seriously concerned

about.

We were able to pass last year a premier gold standard revised Nurse Practice Act and it is of course being attacked, you know, from all levels and they're definitely Public Health issues so I was concerned on where -- I'm sorry?

MR. CARVALHO: We'll try to find that. Just to interject on Senate Bill 2012, one of the themes you've seen every year where we discuss what is our position on bills, a very common position for us on bills is no position on the underlying merits, but because of the expense that is not currently in the Governor's budget propose due to fiscal reasons, that is a nuisance position worked out throughout the administration when there is a bill that comes up that has expenditures that are not in budget and therefore our position is opposed new fiscal.

The amount of enthusiasm that we put into that position and especially on the predicate stating what our position is on the merits but then adding the caveat about budget does vary from time to time, but our current position on Senate Bill 2012 is that there are fiscal -- there is a fiscal

impact that's not currently in the Governor's budget and so oppose due to fiscal reasons only.

CHAIRMAN ORGAIN: Peter.

DR. ORRIS: A couple of questions. First of all, I also wanted to thank the Governor and the Department. This grant for bio monitoring in conjunction with the Department I hope to do some significant increase in tracking of environmental pollutants within the state.

CHAIRMAN ORGAIN: Environmental what?

DR. ORRIS: Pollutants, environmental exposures within the state. This is a proposal to continue working some more depth than the CDC is doing in terms of bio monitoring for chemicals in the general environment here in the state, and I don't remember the specific plans on it but that's the general approach.

But having said that, I have a couple of other questions and the first is there was, as I recall, a passage but I think without funding of a child environmental health ombudsman or a staff person here within the Department to follow issues with child environmental health, and I'm wondering what happened with it and what is the Department's

approach to it.

And then the second question -- well, let me ask you that first and I'll get to the other one because it's a totally different topic.

MR. CARVALHO: If it passed without an appropriation, it probably passed with the language subject to appropriation. As a general matter legislation that passes subject to appropriation for which no appropriation was made we do not implement until there is an appropriation.

So the fruitful tact for advocates of this to take this year is to seek an appropriation to fund it. That's not that uncommon. Unfortunately one of the things that's not built in to these bills is realistic deadlines, so they'll pass a bill this year with a deadline for next year but it says subject to appropriation and they provided no appropriation so for the next year when they seek the appropriation the good news is we now have the funds to begin to implement, the bad news is we're already a year late according to the statutory cycle and then we get beat up for being a year late.

DR. ORRIS: I would just be interested as

well would be the Department's opinion about that and how that integrates with other staff and other responsibilities at some point.

MR. CARVALHO: Yeah.

DR. ORRIS: Because this came out of a particular committee, and you're right, it was passed, it's my understanding I wasn't there, it was passed without an appropriation so it will be interesting to see, especially if -- I think it's Representative Mayes is going to take it further. It would be interesting to see the Department's approach.

The second question I have is on the increased mammogram funding and screening, and of course I think this is very important, especially in the situation in the County of Cook now where the funding from the county for this mobile screening is just basically evaporated, though maybe with the new budget in the last week or so we may have some increased funding there.

But having said that, could we at some point get a report on the process and approach to quality assurance within the mammogram program in this state. It's one of the things we should have

been doing more regularly at the county level as well and haven't been and I would just be interested in what the situation is at the state level.

MR. CARVALHO: Sure. Several things. First, I'm not inadvertently not answering your question about child environmental. I don't know the answer so I will look into that. With regard to mammograms and the breast and cervical cancer program, two things. As you may know, last year, in fact, because of the situation at the county we, at the Department, worked through our breast and cervical cancer program to try to divert traffic from counties so that they could dedicate their resources to catching up on diagnostic mammograms.

As you may recall they were horribly behind on diagnostic mammograms and due to the limited resources we thought that if we could alleviate some of the burden of screening mammograms they could employ their resources to diagnostic mammograms and that worked out last year.

This year I do not know what their budget situation. As you know they adopted a

significant budget restoration, but I do not know whether they restored funds for that. Certainly we continue to work with them through our breast and cervical cancer program and hope that we are helping to alleviate, as you know, and I should be mindful of the fact that this is all on the record, but as you know they're a little bit like the balloon where you squeeze here and it pops out there.

And so a couple weeks ago there was a store about how they are in similar situations with respect to pap smears, and as you also probably know there is probably 72 other new stories that could be written like that if the reporter had the right information.

So we continue to see how can our resources be used to help where we have programs that are relevant to help the county address resident needs of Cook County which is significant. On the issue of quality and approach, as you also probably know there is a task force by some name chaired by David Ancil (phonetic) of Rush and I believe has the participation as co-chairs of Sister Sheila Line (phonetic) from Mercy Hospital

and perhaps Ruth Rosstein of the Chicago Medical School that is involved in a city-wide consortium looking into the issue of quality and mammogram and considering the development of a patient safety organization dedicated to sharing information on quality and mammograms and seeking to improve the, what's the right terminology, you don't improve health disparity, reduce health disparity that may be occasioned by quality differences in access to mammogram services.

And the Department, through Mary Driscal (phonetic), who is our chief of division of patient safety and quality as well as Shannon Lightner who is the deputy director of women's health, is working with that task force both in terms of augmenting their access to data as well as active participation in the committee to see how we might otherwise assist in the effort.

CHAIRMAN ORGAIN: Peter.

DR. ORRIS: Just as a follow-up, could we get, perhaps at the next meeting, a brief report on that, but I think the Department itself running a program needs to have an approach to the question of the monitoring of quality and I was not aware of

the task force. On the other hand, it may or may not accomplish the goals of the Department and I just think as a Board we want to hear about what the plans are in the Department. I'm sure Mary has one.

CHAIRMAN ORGAIN: It's my understanding that you asked in particular about mobile mammography in addition to in general quality, but that as well.

DR. ORRIS: Well, certainly mobile mammography is a concern, but I just think it's a large program in the state to be doing this in general we ought to at least have an approach to looking at it without any preconceived notions about what it should be or how elaborate or who should do it.

With respect to the mobile mammography, I hope there will be discussion about those nice big vans that I walk by in the parking lot that I walk by every day that don't seem to be going out anywhere.

CHAIRMAN ORGAIN: That's correct, certainly.

DR. VEGA: And hopefully this task force

will kind of look, there is plenty of national data on guidelines and quality measures. There is kind of an approach in quality that you kind of steal shamelessly and share everything, you know. But with funds going out and programs developing, just having some approach to in the request for the funding or something like that, and a lot of times the person actually doing it is the best person to say the quality measure or the quality institutions that deal with mammography or colonoscopy come out of this or we want to implement this.

So I think -- and it's not a yes or no or just a departmental thing. It's just okay, how do you increase that level of concern and that should be everyone's benefit to improve the care being given, and there is a lot of colonoscopies, another example, that may be being overdone where resources are being lost.

CHAIRMAN ORGAIN: I'd like to move the agenda in order to get through. In regards to IDPH update, I just want everyone to know that I have had several conversations with the Director, and as David indicated, he is unable to be here today but indicated that when he's in Springfield it might be

an opportunity to meet with a small group of Board Members who are in this area and when he's in Chicago just to get non-board but other ideas because we advised him about the resources that we have here on the Board with the members of the Board who can provide some input into some of the initiatives that he may have in mind and that was his recommendation.

He is planning to be at the next meeting in June but we have had a conversation. I wanted everyone to be aware of that.

MR. CARVALHO: Legislature may still be in session then too.

CHAIRMAN ORGAIN: Yes. Okay. Next item on the agenda is Item Number 4, rules committee report.

MR. CARVALHO: Before the report, I give my great thanks to the rules committee. We pressed them into service at the very last minute. We originally cancelled the rules committee because we didn't think we were going to have rules and then we did, and we made it very difficult for them with multiple copies of different versions printed different ways and they soldiered through, so we

are very grateful to you for being able to present these today. Thank you.

MR. McCURDY: Well, thank you, David, for understanding the difficulty which I know you do. At the same time, we got the rules and we met this past Monday and you have them here. What you have is not revised in any way on the basis of what was discussed in our meeting. I'd say primarily because there hasn't been time to make changes, and not a lot of changes probably would have transpired, certainly nothing really substantial.

I don't know if there is anybody on the phone who would speak to them, but let me just say overall the nursing education scholarship rules, having to do with some changes in how nurse scholarships and for what nursing scholarships will be apportioned, and then another revision of the health care worker background check process. That's what we had before us.

And we did consider them and recommend some changes to come to the Board and, you know, perhaps we could discuss some of those when we actually look at the rules. Is there anybody on the phone who would want to comment on the nursing

education scholarship material?

(No response.)

MR. McCURDY: Hearing no one, I will go ahead and simply say you have the brief description before you for this Act. The rules are amended because of some changes in the law, as you would expect, and the rulemaking adds essentially graduate degrees in nursing to the mix and also selection criteria are amended in various ways in particular to incorporate some criteria of merit in the matter of how people are selected.

And really, and other members of the committee who are on the phone should certainly feel free to comment on these, but I'll say one comment at least that arose in our discussion had to do with the possibility of adding some definitions to some of the terminology that's in here. For example, the monetary award program, MAP, maybe would be good if that was defined I thought.

Also the reference to weighting, W-E-I-G-H-T, to weighting tuition and fees and so on, that that could be explained perhaps in this rather than simply by a reference referring to

something else that people wouldn't know who weren't familiar with this process. Are there any comments anybody else would make from the committee was on the phone the other day?

We did see some typos and some formatting issues and so on and David referred to a little bit of that as well. So not hearing anything different further about that, I will simply say recommend that we forward these to JCAR with some changes being made that were discussed by us the other day. Again, nothing substantial.

CHAIRMAN ORGAIN: Let me just, I believe that there are some questions in regards to the health care worker background check.

MR. McCURDY: I'm talking about the nursing education first.

DR. ORRIS: So moved.

MS. O'SULLIVAN: Second.

MR. McCURDY: Okay. You want to have us go ahead and --

CHAIRMAN ORGAIN: Please.

MR. McCURDY: Okay. All in favor say aye.

(Whereupon Board Members responded aye.)

MR. McCURDY: Opposed.

(No response.)

MS. O'SULLIVAN: May I make a quick statement. Thank you very much for your very quick work on these. We are in desperate need of the graduate, all of them, but the graduate scholarships, especially for us chronologically gifted faculty who are vine on vine. So thank you.

MR. McCURDY: Well, and that's the one thing I probably should add. Clearly this has to do with what can we do to enforce the nursing workforce by providing more education and so on and this makes provision for graduate education to train faculty among other things as well so rewarding people for patient care.

MS. O'SULLIVAN: The law has been passed and passed and you can't get the money because there is no rules. So thank you.

MR. McCURDY: Okay. The second item is the health care worker background check code and revisions for this have come to our attention, I don't know how long ago it was, within the last year or two, but here they are again for variety of reasons, and Dr. Orgain, you said there were some

folks here who had some interest. Should we go ahead and invite their comments now or should we say a little bit more about this?

CHAIRMAN ORGAIN: Please go ahead.

MR. McCURDY: Okay. The rulemaking is being changed, at least my lay understanding of this is that it has to do with the fact that now you can do electronic fingerprinting. That process is preferable in a whole variety of ways and therefore sub plants primarily the old uniform criminal whatever it is Act, UCIA, way of tracking down criminal histories, although that option is still available if there is some difficulties.

Is there anybody about this set of rules who might be available on the phone or anybody else who wants to comment? David.

MR. CARVALHO: One set of contacts and then on more detail perhaps Jonna and Bill Bell can weigh in. The context is, as you know, for a long time Illinois has had a health care worker background check which on its face says persons who have been convicted of a long list of crimes are ineligible to work in a listed number of health care facilities.

However, from the beginning it was always anticipated by the legislature that there would be a waiver program administered by the Department of Public Health which would allow folks who had been convicted of those crimes to apply for a waiver in order to work in a health care facility, and the existing process tailored a particular waiting period to each various categories of crimes, and also identified certain crimes that were forever barred but subject to a discretionary waiver by the Director.

You've seen these rules before in a different version last year when a rulemaking was done to introduce this concept of electronic checking and some other nice features that Jonna and Bill can describe. What happened was as that rule went through sort of the law of unintended consequences came into play and in particular the rule, as was drafted at the time, would bring a number of important benefits.

A register would be created that would allow much quicker checking, would allow keeping data current so that at future times when people change jobs the checking would be much quicker and

automatic. So that was the up side. The down side of the rule pending last year was that the universe of people who would likely get a waiver was cut dramatically and in particular, and although these numbers may sound high but waivers were generally available to about 70 percent, 60 percent of the people who applied and the changes to the rule that were before you last year would have reduced that significantly.

This rule and this law has always been a balancing of interests between protecting persons in health care settings and allowing for reasonable re-entry into the work force of persons who have a criminal record, especially in many areas down state where the principal employer by far is the health care industry, and so that tradeoff between re-entry and safety is one that has a bit of balance that has been achieved over the years, and the Department reflected on the impact that this was going to have on that tradeoff last year after bringing the rules to you when concerns were brought to us by advocates of the re-entry situation and we decided to go back to the drawing board and see if we could come up with a rule that

through a balance more similar to the balance that had previously existed so that we would not have the unintended consequence by bringing the benefit of electronic and rap back into the process.

We believe we've now achieved that balance. We've met, Jonna and I and Enrique, met with a large number of advocates over a long period of time and we now have that before you today. If what I've glossed over doesn't make a lot of sense in some detail, Jonna can perhaps supply answers to your questions.

MS. VEACH: I would be happy to answer any question you might have.

MR. McCURDY: Well, let me just say probably a little bit about our process. When we considered this rule, and again members of the committee who are on the conference call can certainly join in on this, but I would say a number of concerns that we identified had to do with how language might have been better, but in most cases it was statutory language and so we were constrained to live with what the legislature had enacted and was then translated directly into the rule.

So, you know, there wasn't a whole lot of as you might say we could do about it. So overall we went ahead and took the rule as was, again, recommending some changes were they were possible in terms of wording to forward onto this body for its consideration and to recommend to JCAR.

I think I want to make one other comment myself reflecting on the rule after the fact. The concern that I raised and it was addressed had to do with the question of who pays the cost of this process and I have to say also don't know how large the cost is but to the extent that the cost of going through this checking process falls to the individual who wants to get a job, and in many cases these are relatively low wage workers I suspect, I think the question of equity in that regard is at least one that has occurred to me whether in some ways this is going to be an obstacle to people obtaining employment and I don't know the answer and it may not be a large issue.

I certainly will say it's clear, partly from the way the rules are written, that the

Department is sensitive to these issues and wants to be sure people are not double charged when there are problems within the system, for example. So, I mean, it's another example in the effort to find some balance, but at least it seems to me when we impose this requirement, not to show you're competent, but basically to show that you weren't a crook of some sort of certain kinds.

It's a stringent sort of thing to have to go through just to get a job if you have to pay the freight for it and I know in many cases they're not paying the freight, but I at least want to raise the issue.

MR. CARVALHO: Let me provide again the general framework and Jonna will probably be able to provide some detail. Both the legislation and the rulemaking were sensitive to the issue and in particular I believe the legislation called for the rulemaking implements the idea that if the state were to negotiate a contract and then make the price under that contract available to the people, that the combined purchasing power of being concentrated in that state contract would allow a favorable price.

Now one of the features that's in the rulemaking is that that theory is all well and good but in fact there are a number of entities out there currently offering this service to health care facilities generally offering it in a bundled way with other personnel related services and we didn't want the rulemaking to disrupt those relationship by saying not only are we going to make available a statewide contract with a negotiated price but we're going to require everybody to use that statewide contract at that negotiated price and thereby disrupting those relationships.

So the last time I looked at the draft we allowed both. Is that still in the draft that you can go to the statewide contract as well as to other vendors?

MS. VEACH: We don't have anything stated specifically in the rules about that because we haven't finished our IFP-RFP type process.

MR. BELL: We're still in negotiations with CMS on that issue. They denied us to be on the existing contract for the state for this issue, but Frank did have a conversation with CMS again

and explained some things to them and we're still working out how that would make -- they thought we could come on as an addendum for the short period of time for us to be able to do the bigger RFP-IFP, whatever the proper term is type of thing, after for the next fiscal year. So we're still legally working this issue out with CMS.

CHAIRMAN ORGAIN: Excuse me, I need just for the purposes of our transcriptionist if you will say your name and please don't use acronyms because CMS could mean Central Medicare and Medicaid Services, Central Management Services so and the same with some of other things if you wouldn't mind, please.

MR. BELL: I am Bill Bell with the office of health care regulation acting deputy director and CMS that we're talking about in this case is the state Central Management Services organization.

MR. CARVALHO: And just for clarity for me and everybody, when you say something is up in the air, what you mean is what will that statewide contract look like whether it's an add on to the existing contract or something separate from the RFI. The part of my description where I said that

it will still be the opportunity for people to use other vendors in the marketplace, there is nothing in this rule that precludes that, is there?

MR. BELL: No.

CHAIRMAN ORGAIN: I believe that that also answers the question from our guest in regards to the fact that it appears as though this was, under Section 955.285 in regards to the last scan vendor contract, that there may have been only one vendor and what you're essentially saying is that it will be contracted out and there will be the possibility of more than one vendor; am I to understand that?

MR. CARVALHO: I'll say it again and get confirmation here but my understanding is that our intent is to work through the state process to make sure that there is a vendor available on a contract with the state negotiates whether it be an add on to the existing one or a new contract. That will be our goal as the state, but once that's in place there will not be a requirement that everybody use them.

It will be available, but health care facilities that are currently using other vendors will be allowed to continue.

MS. VEACH: David, if I may, this is Jonna Veach speaking. The way this is all set up is it's all done electronically and in an electronic process, and so any vendor that might be in a situation with a contract in the future would have to be able to meet these electronic processes.

So that is a limitation. It can't just be any vendor if they can't meet the electronic processes, and there is a requirement in the law that they have to have had two years of experience transmitting to the State Police. So there are some limitations that might eliminate some people and I don't want to give a false impression here.

MR. CARVALHO: That two-year requirement is in the rule or in the --

MS. VEACH: It's in the law.

CHAIRMAN ORGAIN: There are several questions. Let me go to, and state your name, please.

MR. KINNETT: My name is Bruce Kinnett and I'm with Cook Whitter and with me today is Matt Keppler who is with the Illinois Association of Rehabilitation Facilities. We represent many

health interests, and appreciate your graciousness in allowing us to just to address your concern, but David really captured what our concern is.

Although the statute does allow for the Department to negotiate for one or more vendors, we're very concerned because we do know that there are many vendors out there that are providing these services now quite adequately. Our concern is is that if for whatever purpose there would end up being one vendor that many of these private entities would be required to use, I just think it would have a chilling effect with providing those services.

The other thing I mention too is certain is that I know the Department of Professional Regulation is also in the process of licensing, developing rules for licensing, and so my concern is to make sure that the right hand is knowing what the left hand is doing so it dovetails seamlessly so there won't be an interruption.

And with me is Matt Keppler with the Illinois Association of Rehabilitation Facilities. Thank you.

MR. KEPPLER: Thank you very much. I,

again, thank the Department for, you know, and the Department of Public Health and this Board for helping move forward with these very important rules. Our members are community agencies that serve people with disabilities and mental illness and for us it's obviously a safety issue and we want to be able to have these individuals checked out as thoroughly as possible.

What I have heard a lot about in this process is about cost. What I think is a little bit short-sided about that argument is it's not really about the cost of the fingerprint. It's about the cost of compiling with the law, it's about travel, it's really for our members what they've told us to say today is they said please let the Board know that it's about access.

They need to be able to reach and get these services within the allotted time frame and they really do want to comply with the law and they want to have workers in place that meet the requirements as put forth in the law and the rule, and so that's something that they ask, and I do realize that the new rule revisions would allow for one or more vendors and that's where I'm going with

the access issue.

We don't want our hands tied. We want to be able to comply as quickly as possible. We believe the private marketplace will bear, whether it's the cost or the access issue, that a public entity should not be dictating private terms of these companies, you know, that do this work. And I will say that the thing that seems a little inconsistent in the rule is in the statute and the rule on Page 5 it calls for negotiating a contract with Public Health these vendors.

On Page 36 then you get into this master contract idea about an RFP with what is only one vendor currently. So there is an inconsistency between Page 5 and Page 36 and I would submit to you again that this is based upon the old model when there was public funding from the federal government to pay for the pilot.

I've never really seen, and I would question today why there is an RFP in place when this is private funds paying for this not public funds. I question what the point of an RFP would be about that. So I will say again that these vendors that we would go to as the agencies that we

represent, they're certified by this Illinois State Police. It's not somebody working out of a suitcase out of the back of their trunk, and I would also say that in the future it would be my hope that the Department of Public Health would continue to work very closely with the Department of Financial and Public and Professional Regulation on the licensing of these entities that are going to provide these services because it's very important that we can rely on that in the future to know that the company we're getting the service from is reputable.

So I just want you to know that you hear a lot about costs from General Assembly. We met with Representative Joyce, who many of you know has carried this issue, and we've met with Public Health and appreciate the work of the staff, but I think there is still some work to be done on these rules and appreciate the work that you guys are doing here at the Board level. So thank you very much.

MR. CARVALHO: Just two things. First, work to be done on the rules, I appreciate knowing exactly what needs to be changed because I can tell

you what we want the position to be. If the rules don't be adequately do it, we'll change the rules. We want the position to be is A, the General Assembly wanted to make sure that she negotiated at least a contract so that especially, as the gentleman pointed out, access is an important part of this.

It's not just the price. In the City of Chicago the place to go to put your thumb on to get scanned in will not be very far from the employer and will not be very far from the employee. The places in down state it could well be, and so the General Assembly was very concerned that we make sure that there is a option available to everybody and there is that contract.

But the consistent position that we've taken throughout is that we do not intend to occupy the field with that contract and if there is anything in this rule then we need to change it because that's not what we've intended and if that's not in this rule then we're okay with this issue.

We intended that if your organization, for example, is offering this as a service to your

members, that as long as you meet the other requirements in the statute to be a vendor, that you be allowed to continue to do that, but nothing in here says that because there is a state contract everybody has now got to use that.

Same thing for I believe MCHC, the hospital association in the northern part, is offering the service to its members. Same thing. As long as they meet the statutory requirements to be in the business, that nothing in this rule knocks them out of there. That's our intent.

As it goes -- I assume the Board agrees with that philosophy that we're not going to knock nobody out, so if that's your recommendation we'll continue to publish the rule in that format. There will be an opportunity for comment if anybody looks at the Ts and the Is and said they haven't been crossed right or dotted right, please tell us how to fix it because that's our intent.

MS. VEACH: This is Jonna Veach speaking. If you look at Page 37 in I it addresses the fact that we do want them, any vendor or technician that it employs shall meet any licensing requirements imposed by the State of Illinois. So we had

contacted Department of Financial and Professional Regulations. They did not have their rules to where we could, you know, use anything from there so we made an encompassing statement to incorporate that.

MR. McCURDY: So you think that addresses the concern? Okay. Now, I don't want to take a position on whether it does or it doesn't because, you know, that looks like something that needs to be looked at at least and re-reviewed, but my question to all of you who are involved here, including you who spoke about this, so does any of the cost of carrying this out get passed on to the would be employee?

MS. VEACH: Again, may I speak --

MR. McCURDY: Well, I'd actually like to hear from the fellow in the rehab world what you would say.

MR. KEPPLER: Oh, again, this is Matt Keppler. I'm with the Illinois Association of Rehab Facilities. There is nothing that I'm aware of that says who will be paying for the cost of the fingerprint. I believe that would be a choice issue, whether it would be the facility or the

individual.

I know that there have been, the spirit of the intent would be that the employer would pay and that's why there has been so much discussion about cost because they want to try to limited cost, and we are very sensitive to that. I don't see our agencies really passing it on to the individual because these are direct care workers that we're talking about and they don't make very much money.

So from that sense I certainly appreciate that there is some involvement, some thought about the cost that goes into it. I will say that whether it's a master contract that's optional and other vendors are out there to provide a service, you know, I would hope that everybody would be on a level playing field so that, you know, we have a consistent policy throughout the state no matter what happens.

That's what makes me a little bit nervous about Chicago versus down state just using the example that Mr. Carvalho gave. So I'm not aware of anything that would change that and I understand that that may be why there is some

efforts trying to put some input in there about the cost.

MS. VEACH: This is Jonna Veach speaking again. There is a piece in the Act that does require facilities to pay for those individuals that they're hiring that are CNAs; however, if it is any other type of employee, that cost can be pasted on to the employee. There is also a requirement for students to have a background check and students would be paying for that.

But let me please, if I could take a moment of your time and explain the process to you. Say if we're starting with a student and they're investing in their future and they're paying for their books and fees and so forth and they also pay for this background check, because we have got it initiated in such a way that the fingerprint that they are collecting as going into the student would be kept in State Police's repository and if there is any future crime associated to that fingerprint then IDPH would get an automatic notification because in the employment history that facilities are required to put in to our application 30 days from hire or termination and a yearly verification

if the person continues to work there, then we know electronically where that person is working and we can send that notification to that employer which that makes it a perpetual background check.

MR. McCURDY: So a one time fee is what you're saying.

MS. VEACH: It's a one time fee for that student that goes in, so it's an investment into their career into the health industry.

MR. McCURDY: Do we have any ball park idea how much that would be?

MS. O'SULLIVAN: $50 to $75 is what our students pay.

MS. VEACH: The State Police charge is $15 electronically and then the rest of the charge would depend on whatever the live scan finger is.

DR. ORRIS: What is the procedure after that happens? I understand there is a gradation and I think a very appropriate gradation in the length of time after an offense and a person is convicted of different lengths of time for an automatic waiver on an evaluation of the individual offense.

That implies we're looking at a person

applying that's done something in the past. You've just identified a process in which the person is employed, commits an offense, minor offense, unrelated to this -- well, some of the offenses that were in there that have a short period of time are more minor and often unrelated to any activity in the health care field in one way or another.

This sounds like a situation in which the individual gets convicted, gets automatically fired, and then how does that work? Does somebody look at that? Is there some flexibility in saying this was related, this wasn't related.

MS. VEACH: Number one, the facilities are only notified of those crimes that are listed as the disqualifying crimes. So if they have DUIs or if they have other crimes, whatever it is it's not listed in those 96 crimes that are disqualifying, then the facility does not get notification of that.

So they're only getting notified if the individual has a crime that disqualifies them and then they would be terminated until they can get a waiver, which is what our current process is anyway, it's just that we're making it faster to

get them back to work quicker if they qualify for waiver.

DR. ORRIS: Can you direct me to the listing of them because there were some crimes here that were --

MS. VEACH: Inn Section 160.

DR. ORRIS: Page 11.

MR. McCURDY: The disqualifying offenses.

MS. VEACH: And these are actually listed in the Act so therefore we are acting only upon what is listed in the Act.

DR. ORRIS: Right, I got that. And not only are they listed in the Act, but obviously they come from the criminal statutes as well and I probably don't understand the specifics of them, but there was -- I'll stop. Let me find what I'm talking about.

MS. VEACH: While you're looking for that, let me just state that I think that the original premises around these particular crimes are kind of following along with the idea of what the federal government has in your administrative findings of abuse, neglect and theft, and if you look at most of these crimes they are based upon abuse, neglect,

theft or exploitation of some sort like sexual crimes or drugs.

DR. ORRIS: Well, it looks like, for instance, 15. You could have somebody who was convicted of shoplifting of a minor amount, and again I don't understand the criminal statutes here so maybe that's not an accurate identification, who is not only going to be convicted, pay a fine for that or whatever, but lose their job until the state evaluates that situation.

Is there flexibility for the state to evaluate that situation and say take the employee's employment record, employee's time, and balance that with respect here or is there an automatic six months, two years or whatever before they can be considered?

MS. VEACH: Let's take a scenario to help understand this. If an individual is applying for a job and they have, we'll say a misdemeanor theft in their background, which would cause them to be a disqualifying conviction, then the person going to try to hire them they might hire them on a conditional hire and get this background check back and then find out that they have a disqualifying

conviction.

But just a moment. That's where if this has been a long period of time, that's where the automatic waiver comes in to fact and when they get their e-mail saying it's a disqualifying conviction it also says on there waiver granted. So this is for the person who has a minor crime and it's been a longer period of time.

So they don't even lose a day of work under these new proposed rules, but under the old rules they would have been out of a job until they could have then gone and got a fingerprint check because they first got it under UCI name check and then they would have had to go through the waiver process.

DR. ORRIS: That's not my question. I understand that and I applaud the agency on all the work you've don, but I'm asking about an employee who is employed commits perhaps this minor offense.

MS. VEACH: Okay. And also, remember most of these employees are CNAs that we're talking about, the unlicensed professional that's working out there and caring for people. They have gone through training as a CNA and this whole law has

been explained to them in their training as a CNA, and part of the federal rules are administrative findings of abuse, neglect or theft.

So if they're working in that situation as a CNA and they've had all this training, they've had background checks, they are very aware of the fact that if they go out and commit this misdemeanor and get caught of it, that they will lose their job until they can go through a period of time, then yes they are terminated and they have to wait their period of time and then apply for a waiver.

DR. ORRIS: And what's the period of time on that?

MS. VEACH: If it were a misdemeanor for one offense I think it's one year.

DR. ORRIS: So there is not a capability of the employer, of a judge, of the Department to balance those type of offenses versus the rest of the person's employment, the activity, extenuating circumstances or whatever. I could give you another one on that criminal trespass.

Let's say there is a demonstration at the employer's home and everybody gets carted off

to jail for this union demonstration or whatever. This person is now not only convicted but also out of a job for a year without any ability to balance or negotiate or discuss.

MR. McCURDY: But this is the statutory requirement; am I correct?

MS. VEACH: Well, the statutory requirement is that this is a disqualifying conviction. It is in the rule that we're setting up the timing.

MR. CARVALHO: It's the rule. So, for example, if we wanted to we could have a rule that provided for a shorter period of time.

MR. McCURDY: Oh, okay.

MR. CARVALHO: The periods of time that are disqualifying are not in the waiver.

MS. VEACH: We could, but we've also got to remember that the spirit of the Health Care Worker Background Check Act is to protect those who cannot protect themselves. Do you want to be the person laying in a hospital bed that cannot necessarily get up and protect themselves?

My sister-in-law, she's a very vibrant person, but she went to the hospital and while she

was in there she had passed out, they took her in, somebody stole $50 out of her purse. That's not the type of person we want around people who are working or are unable to protect themselves. If you're in a nursing home and you have a credit card laying there for some reason, you don't want to worry about somebody coming along and stealing that identity from you and taking your stuff.

So we are looking at it in a protection side and I think that if they've had this training, if they've been made fully aware and then they go out and they commit that crime after having all this, then yes, a year really isn't very long at all. They should be responsible.

DR. ORRIS: I completely agree a year isn't very long. I think this is important and I want to pursue it.

CHAIRMAN ORGAIN: Excuse me, Peter, just a second. What I'd like for us to do, since it's a concern that you might have, is there is a period that you can take advantage of in terms of comment, public comment. So we don't necessarily have to --

DR. ORRIS: I'd rather express my comment here on the Board because it's coming before us for

a vote, and I could wait and express it as in a vote, that would be all right to explain my vote, I don't care. But I thought that's what this was coming for discussion and I missed this in the rules committee. I didn't understand this and I want to pursue it some more here.

MR. CARVALHO: I should, in fairness, also bring up another point because I received an e-mail today and so I'm now expressing the view of someone who asked me to raise it, not my own personal view, and when you hear it you'll understand why I make that caveat.

We worked with the re-entry advocates on this rule and the rule before you makes one change from what they had agreed upon, and that was there used to be a provision in the rule that allowed the Director to make the waiver regardless of everything else and that was removed in this last draft.

I was not in the conversation when that happened so perhaps Bill or Jonna can explain why we did that, but there has been an objection to that and the re-entry advocates asked me to bring that to your attention.

DR. ORRIS: That's my point on the discussion. I don't think that any of these automatics should be automatics without a human look, a human face on it. A whole variety of these things I have no problem automatic one way or another, but I'm concerned about an unequal application here.

I'm concerned that one year isn't very long to change somebody's approach, so therefore I think what is being done is the person is, as you describe, being threatened with a secondary punishment that being punished in court and then they're being punished again by the state. I suspect there is some challenge to that on the variety of legal grounds as well, but I don't think that works in that way.

I don't have a problem with having that in there. My problem is that there should be an ability for a human being, the Director, whatever, to look over this, to balance it, to have the employer come in with their opinions on it or whatever. That's all.

MS. VEACH: We do have the waiver process and we ask them to send in any type of information

they have, but if it does fit within that period of time frame it is not allowed at that point in time, and there was discussion about whether the director should have that overriding ability or not and after much discussion and careful thought the Director did express concerns of the fact that it was opening up not only himself but the Department and even the Governor's office for liability by him overriding it in a situation and then that individual he overrode go out and do something that could cause us more liability on that side than the other side, and after all we are here to protect those people.

CHAIRMAN ORGAIN: Kevin.

MR. HUTCHISON: Maybe my question has been answered and I have not read, I'm not familiar with the rules, so I guess my question is in addition to the waiver is there some type of appeal mechanism or due process for these? I'm hearing the concern we're on auto pilot here based on the rules for certain time tables in terms of due process. Is there an appeal process that the employee and/or the employer or is that part the waiver?

MS. VEACH: They can submit for a waiver

more than one time.

MR. HUTCHISON: So you're equating the waiver or request for a waiver as a request for an appeal?

MS. VEACH: If they apply for a waiver now and they don't have or if they haven't met the minimum time periods, as soon as they've met those minimum time periods they can apply again. There is no problem.

MR. BELL: There is no appeal process.

MR. HUTCHISON: That's what I was asking.

MR. CARVALHO: Can I ask you another question to make sure it's clear for the committee because I want to make sure it's clear in my own mind too. The rule that we presented to you last year took the existing framework, I'll make up a hypothetical, crime X under the old system without the electronic stuff, crime X would need to -- would need a three-year period where you couldn't get a waiver and then after three years you could apply and a committee decided, based on all the material, whether to give you one.

The rule that we had gave you last year might have taken that same situation and said

crime X, there is a five-year period and then it is automatic. The rule that we present to you today combines those two approaches and says in crime X, after a three-year period, you can apply. If five years have elapsed it's automatic, but if you're in that three to five-year gap then there is a committee consideration.

So that's the rule that we present to you today. It combines both the approach of taking everything in the person's record into account if a short period of time has passed, giving it to you automatically in many instance if a long period of time has passed, but in all instances Peter's point is correctly stated, one can have different opinions as to the conclusion, but there is a period of time for which no waiver is available, and as was the case before this rule was introduced say for that one possible Director's override which to my knowledge has not been done in years and years.

MS. VEACH: At least two years.

MR. BELL: It was for awhile and then it stopped. This is Bill Bell again. The question is as we went into this open-minded knowing that yes,

there was going to be situations where people would lose their job. The legislature established a list of convictions and so based on that list there will be times when someone will lose their job, but again we were focused on the side of the resident or the patient.

Everything is geared on that direction and we weren't looking as much on the worker, if you will, it was always, which we believe our job is, is for protection of resident, patients, clients. That's where the direction of this went.

CHAIRMAN ORGAIN: Peter, just one second. Tim had his hand up.

DR. VEGA: Better finish this argument.

DR. ORRIS: I'll stop after this on this because I don't think we're going to come to resolution on it, but if you want to defer that way, which I have no problem with in general, you're much safer to go back to the original and not have any of these shorter periods of time and in fact you could just eliminate everybody from it without an automatic waiver as well.

I wouldn't favor that. I don't think that helps either the care nor protects the ability

of these workers and you were thinking about a for instance in this situation. Here I am a mother of four in a convenience store and one of the kids picks up chewing gum going out the door or whatever.

I might well get in court on it, my only way to save my job then there is for the lawyer to convince the judge not to convict us, not to be convicted. There is no secondary look from the employment point of view that says that this is not impacts in that way. It's an extreme situation. That's my concern so I'll stop there.

CHAIRMAN ORGAIN: Jane.

DR. JACKMAN: It does see rather harsh maybe under some circumstances, but if somebody has been prosecuted, has been convicted, I don't know that the Department has any way currently to investigate that adequately, you know, through the appeal process. You know I think you need to look at the reason it was intended which was to protect, you know, patients.

MS. O'SULLIVAN: I agree wholeheartedly. I think the real emphasis, you know, with all the horrors you hear about in health care today, I just

think that the emphasis needs to be on protecting the patients and, you know, I would agree with the take that the Department has come up with on this.

MR. McCURDY: Let me move to a motion so that, because we do unfortunately perhaps have other business that really needs to be transpired here.

MS. O'SULLIVAN: Unfortunate. Thanks David.

MR. McCURDY: In terms of continuing the discussion at any rate. That's what I'm trying to say. Sorry about that, Ann. Yes, Tim.

DR. VEGA: How many nursing homes or facilities would you consider down state versus Chicago metro area?

MS. VEACH: Out of the facilities that are affected by this Act there is approximately 100 in the lower third of the state and around the Chicago area there is about a thousand.

DR. VEGA: About a thousand. And is there, it looked like the gentleman were talking about like if you set up a program and two years of experience is required, if you don't have a monopoly initially it looks like this entity or

contract will have an advantage down the road, and my question is are there, and I don't know enough to even have an opinion on it, is there precedence where a state monopoly or a monopoly on something will lower costs to people?

MS. VEACH: There is a statewide vendor contract out there right now and the vendor portion of that is $7.95, and what she was saying here awhile ago is was it $50 to $75?

MS. O'SULLIVAN: For our students in an RN program, but it's a little -- but it's the same process.

MS. VEACH: Right, but the State Police portion of that is $15, so the difference between those is the vendor cost and that's what I think Representative Joyce was trying to emphasize is yes, this is a good program, it has so many benefits down the road, but let's try to control the cost as much as we can so that it is affordable as well as accessible.

DR. VEGA: Do the State Police have their own program or do they use a vendor or multiple --

MS. VEACH: No, not the State Police, no.

DR. VEGA: How do they do it then?

MS. VEACH: State Police would only be doing it through the criminal justice system for crimes. This would be a contract for non-criminal vendor printing.

DR. VEGA: Okay. So the court system has their own.

MR. CARVALHO: Dr. Vega, the theory, and you're right, the usual situation you think of competition is something that brings prices down, but here's why it's a different situation here. Competition brings price down in the markets in which the competitors choose to compete, and so for example if the markets, without any government assistance the markets were the only thing that dictated where airplanes would fly, airplanes wouldn't fly to any little town or the prices would be exorbitant.

And so the goal of Representative Joyce and this legislation wasn't to hold the price down because they thought a single vendor would do that. They were to make sure that there was a best price available to everywhere within the state. Implicit in that, and it was a legislative choice, but in implicit in that is that certain areas of

the state are going to be subsidizing other areas of the state.

In other words, if there is a statewide contract at a fixed price, that fixed price the vendor is going to offer is probably higher than he might have charged in the places where it's cheaper to deliver the services and lower than he might have charged in the areas of the state where it's more expensive, and as a result of that everybody in the state will have access to that median price.

A little higher than it might have been in areas in some places of the state, but lower than others.

DR. VEGA: So they can measure their proposals based on the state contract as a reference point.

MR. CARVALHO: The bidders are still going to be competing against each other to get the contract and so that will help drive the price down, but the price will inherently be that balance between cheaper areas of the state and less cheap. I do have a question for Jonna. Is the two-year requirement of experience in the statute or is that

our rule?

MS. VEACH: It's in the statute.

MR. CARVALHO: Okay.

MR. McCURDY: I would like to go ahead and put a motion on the floor because we can still discuss it if it comes to that, but I would like to move that we go ahead and, first of all, that we ask the Department to reconsider the language about the question about how many vendors might be contracted with and make sure that it says what it's clear the Department means to say and what would at least address the concerns that were addressed by the rehabilitation facilities disabilities constituency.

MS. VEACH: Pardon me, but there is no language in there in the rules that say other than the wording that says in the Act contract or contracts. It doesn't say anything about limiting it.

MR. CARVALHO: That's doing what he just said which is checking, so we'll check yes, we can do that.

MR. McCURDY: Okay. That would be good. Thank you. And of course there are other concerns

here about which we have not reached necessarily agreement but, you know, those concerns are probably likely to come up again, but rather than make specific recommendations I think I would say let us go ahead as part of the motion ask for that rechecking about the one item that I mentioned and otherwise that we recommend that this rule be passed on to JCAR for their consideration.

And the other thing, and one other thing I do want to add, and that is with careful consideration for the cost to workers who are applying for jobs. I think that's something, I don't have specific language to propose, but I think that needs to be a concern that I would still like to see in the mix. That's the motion.

MS. O'SULLIVAN: Second.

MR. McCURDY: Peter.

DR. ORRIS: Yeah, another issue. One other thing on the record that was a concern that was assuaged during the rules committee but since I don't see it in the writing of the rules I just want to say it again here, I was concerned that the appeals process was entirely in writing and requiring a capability of writing that is not

necessarily uniform throughout the state or amongst these different categories of workers and I was concerned that there would be aid and I was assured by the Department that they work with people to assure that the written appeals are able to be implemented in an appropriate way, et cetera.

So I was very happy with that and that did assuage that concern for me but I wanted it on the record.

MR. CARVALHO: Actually, it would be interesting to note since we do have facility people here, I was under the impression that often times facilities work with their job applicants to do this. Do you know whether that exists in your industry or is that just other industries?

MR. KEPPLER: I actually don't know. I don't know how the legislative side works so I'm not on the day-to-day phase.

MR. McCURDY: Gotcha.

MR. KEPPLER: I could find out though if the Board would like.

MS. VEACH: They sometimes do but are not required to.

MR. McCURDY: Is there any further

discussion?

(No response.)

MR. McCURDY: All in favor of proceeding, as clearly as I hope the motion is, say aye.

(Whereupon Board Members responded aye.)

MR. McCURDY: Is there opposed?

DR. ORRIS; I oppose for the reasons previously stated about the automatic.

MR. McCURDY: Okay. Any abstentions?

(No response.)

MR. McCURDY: Okay.

CHAIRMAN ORGAIN: Is there anyone on the phone?

(No response.)

CHAIRMAN ORGAIN: Okay.

MR. KEPPLER: I just want to say thank you very much.

MR. CARVALHO: Steve is on the phone.

MR. McCURDY: So, I mean, I would also say thanks to everybody and just so you know, and the unfortunate part I thought was that if anything our discussion had gone on long enough that we really needed to get to the policy.

MS. O'SULLIVAN: The unfortunately adjective was in the wrong place.

MR. McCURDY: It was positioned wrong.

MS. O'SULLIVAN: I'll dually note that. Would you make sure that's in the minutes.

CHAIRMAN ORGAIN: And I certainly appreciate that we feel strongly about certain items and I'm going to hold everybody over because of Peter.

MR. McCURDY: Then that's something we can feel strongly about.

CHAIRMAN ORGAIN: Okay. Let's go on. You did get the agenda and the revisions for Item Number 5, it's subcommittee reports, because we're going to deal with more than just the policy committee but Ann, if you can go on with policy committee report.

MS. O'SULLIVAN: Okay. Well, I do have a question about that then. Why is the policy committee like listed as a subcommittee and the rules committee is a rules committee. I guess, I mean, and that's something you and I can talk about later but I did have concern.

Anyway, the policy committee finally,

this is historic, we got to meet on our own on a phone call, what's it been like two years or something, year and a half. So we did get to meet. We do have meeting notes from that meeting on January 31st. We had a very active conversation.

I do want to answer a question for you on here. We got the answer but the whole Board will not have. On the first page of the minutes, the third bullet under policy members emphasized issues of importance, the smoking thing came up of course. We had questioned about the local home rule overrule the current state legislation and David replied to us no so I want to make sure that everybody has that in there. That had came up.

MR. CARVALHO: And since this is a record forever, just to make sure it's on the record, the reason the policy committee couldn't meet wasn't for lack of trying on their part.

MS. O'SULLIVAN: No, no.

MR. CARVALHO: It was because our bylaws didn't allow for telephonic meetings. Once the law got changed and now that your bylaws have been changed, the very diligent members of the policy committee met right away.

MS. O'SULLIVAN: We kept trying. So we then looked at our charge from the law and then we primarily tried to develop an agenda for the next couple of years or whatever, and so what we're looking at is the report that you have in front of you. Jerry Kruse and Tim worked on it and we all kind of gave some input to it, and in the interest of time I'm going to let Jerry present the work he's done, but I want you to focus primarily on the proposal part because the policy committee is looking for your endorsement to continue this work but we're taking a little bit different tact than we've taken before on this.

So Jerry will present what he's got here and then we'll get your support of hopefully what we'd like to do next.

DR. KRUSE: Thank you. So the document I'll be discussing is entitled Illinois State Board of Health Policy Committee 2008 Agenda Organization of Healthcare Delivery. I won't say too much about the introduction and the basis except to say that over the past few years there have been a lot of proposals, a lot of work on the part of the State Board of Health that have significant potential to

improve healthcare outcomes, lower healthcare costs, improve healthcare equity and access and reduce disparities.

Things like the State Health Improvement Plan, Health Protection Act, the Healthcare Justice Act and a bunch of other specific projects. So what we thought about in our committee was a way to develop and organize a framework so we might maximize the way things move with each one of these things, and just given the fact that in the United States there seems to be a little bit of a fracture between schools of public health and other healthcare schools and between the public health departments and the implementation of healthcare and medical practices.

The idea of this proposal was to help develop collaborative relationships between public health organizations, patients in medical homes and community care organizations. Now the reason why those terms were selected was because there's significant evidence that the structure of those organizations that have those terms actually are beneficial for healthcare outcomes and lowering costs and the things that we talked about, and

because they do have some legislative definition now and they're gaining some traction in congress and various state legislatures as well.

So the basis for the recommendations, and I won't go over that at all because the basis for the recommendations are listed on Page 5 or Section 5 of this report. A number of websites and other things that go through the evidence-based effectiveness for all of these proposals and some of the things that have been done in other places in the United States that have been shown to be effective.

So the proposal itself is in Section Number 3, and specifically says that the State Board of Health take a broad view of healthcare delivery systems and their integration with public health initiatives. Number one, develop methods to better integrate public health initiatives and public health departments with medical and healthcare practices, particularly those that quality as patient-centered medical homes and with community care coordination organizations.

Two, develop recommendations and policies that support the development of effective

community care coordination organizations, and three, develop recommendations and policies that support the development of a pervasive network of the patient-centered medical home.

Section number four then is examples of potential specifics steps that we can take. Number one, implementation steps for the State Health Improvement Plan, and I just might say that if you take a look at the State Health Improvement Plan, it's organized by strategic issues and outcomes and those are, number one, access; number two, use of health information technology; number three, reduction of disparities in healthcare; number four, defining systems of accountability for population health outcomes; number five, workforce issues, and number six, priority conditions, and four are listed.

And so this type of organizing framework fits, I'd say perfectly, with those six things the State Health Improvement Plan, and then when you get further into the State Health Improvement Plan those strategies are defined by strategies by sector which would be fertile ground for work using this kind of framework.

Second, examining other things that have been worked on by the State Board of Health. Third, utilizing the organizing framework to address issues of interest to the State Board of Health, and they're listed in the document. And then another idea that our committee had was to utilization of health data from State of Illinois employees for demonstration projects of healthcare integrations, outcomes and costs, which might be a fairly expensive kind of endeavor but it might be very important to moving forward for years to come, and then making healthcare workforce recommendations.

So that's the basis of the document, and again it's a little bit different than looking at specific rules and regulations. It's more of an idea as to how can the State Board of Health move forward the things that we've proposed in the past so that they are most effective in helping us and the State of Illinois reach its desired outcomes for health.

DR. VEGA: There is a slide set here because this is happening in the private sector and this goes with what Peter was saying. We have so

many programs going, how do you measure -- how do you even have a hint of quality besides us searching the universe for information.

Well, that's the job of a medical home, and to integrate with public health, private industry, evidence-based knowledge. So in a way it's a mechanism to get to where we need to go in the SHIP objectives, so it's kind of a unique thing. This is an example, just some examples, more for informational purposes, but it's kind of picking a vehicle that meets where we would want to go. So it's very, like you said, it's a mission.

CHAIRMAN ORGAIN: I think that you have this document electronically that you're referring to and if you can send it to Cleatia electronically then that would be useful. It's called transforming healthcare together, new platforms of care from, as he indicated, the private sector that adds credence to what the policy committee is doing.

MS. O'SULLIVAN: Right, exactly. Well, like Jerry said, all this reference list is like a sampling of the best. I mean there is tons of other stuff out there, and one of the things that I

came across right after, and I have to say this whole concept was new to me, Tim and Jerry have been talking about it for a couple years here I think, and what I came across right after our policy committee was several things coming up in the nursing literature which was just very appropriate.

And rightfully so we're titling this from the legislative perspective patients that are at medical homes because that's what the federal legislation titles it. We don't want to mess up titles, but it's alternatively known as a healthcare home because it's not just about, you know, it's the entire care that the patient is getting.

So we're not just focused on the physician's practice, although of course that's very important, but the issue is it's all of the healthcare they're getting that needs to be coordinated, and as they were going through this on our call, we just saw this as being the perfect vehicle for implementing a whole lot of the SHIP plan and organizing the work that we're doing.

So we would ask for your support for

the committee to go ahead and work on, in this proposal areas, number one, two, and three and we'll just kind of keep -- and we'll bring back then to you all recommendations, policies, proposals, that then will, I mean I know the Board of Health doesn't implement them, but then we are advisory to the Department in those areas.

And one of the things that we see vitally important about this, and I think it might be your next agenda item, is what are we going to do with SHIP. One of the questions you see unanswered yet in our policy committee is what's happening with SHIP. We would like Elissa to keep working with us, David is out of the room unfortunately, we would like Elissa to work with us or somebody from --

MS. BASSLER: I'm here by the way.

MS. O'SULLIVAN: Oh, wonderful. Hi, Elissa. So because that was the legislative mandate for this kind of work to get done and now we see a way of like carrying it out.

CHAIRMAN ORGAIN: Is there anyone else on the phone, please identify yourselves.

MS. BOWEN: Would you identify yourself,

Elissa, please.

MS. BASSLER: This is Elissa Bassler, the Executive Director of the Illinois Public Health Institute.

MS. BOWEN: Thank you.

CHAIRMAN ORGAIN: Let's move on to -- do you have a motion?

MS. O'SULLIVAN: We move that the Board endorse the policy committee to carry out the actions in the proposal of this report.

DR. JACKMAN: Second.

CHAIRMAN ORGAIN: So moved and seconded. Discussion. Peter.

DR. ORRIS: I think it's a wonderful initiative, and I thought your report was very good and very clear and concise. Two suggestions. One is, and I think you've underlined it by noting the organizations that are interested, the ISMS, the nurses in the state, et cetera.

Wouldn't it be appropriate to talk about a stakeholder meeting strategy on this issue as one of the first steps for the Board of Health under the Board or under the Department to pull together, it doesn't have to be elaborate, but to

be thinking because, at least for the ISMS we know it's not only thinking here but nationally, et cetera about that. So I just think that bringing in all the people that might be interested from the organizations and from the industry and the healthcare sector would be helpful. Number two --

CHAIRMAN ORGAIN: Was that a question, Peter, or was it a recommendation?

DR. ORRIS: Suggestion.

CHAIRMAN ORGAIN: Okay.

MS. O'SULLIVAN: We'll consider it.

DR. ORRIS: The second practical step, I've been asked to represent APHA as a liaison on a CDC task force that does their community health -- community preventative medicine stuff just like the US public health service preventative medicine; in other words, they evaluate these kinds of initiatives as to what is the fact basis and what is the evidence base and do we know what works or doesn't work or whatever.

And I just think they would be -- and they respond to letters and I would just recommend that if we looked at this, the Board might write a letter to them asking them to evaluate this

consciousness, this approach.

DR. KRUSE: Asking who to evaluate it?

DR. ORRIS: Well, that's my problem articulating it correctly. There are two task forces that APHA has. One is the US public health service task force about the evidence-based or clinic interventions and the second is a task force under the CDC that is community preventive medicine task force that evaluates this type of initiative of community-based initiatives and the evidence for their efficacy, and I think it would be a good idea for us to ask for them to look at this too.

CHAIRMAN ORGAIN: Let me just do something, since Elissa is on the phone, because we have a coalescence of B in regards to this SHIP process and seven on the agenda which is the Illinois Public Health Institute meeting summary, and I'm going to let Elissa speak to her ideas in regards to the SHIP process as well as give a summary of the meeting. Elissa.

MS. BASSLER: Sure. Okay. I'll do my best. Let me know if I'm talking too fast or not clear enough. The Institute was invited, I'm going to take just a couple minutes, Dr. Orgain you said

to speak to the meeting we had last Friday; is that right?

CHAIRMAN ORGAIN: Yes, yes.

MS. BASSLER: The Institute, along with another of other institutes around the country along with a variety of local and national organizations and some other state organizations was invited by the CDC to participate in a sort of initiative that they're working on about how do we infuse concept of health promotion and disease prevention into the debate and discussion is ongoing and will continue through the presidential election and the new president and so on around healthcare reform and, you know, sort of the access to insurance question and how do we broaden that discussion.

So there is this dialogue going on nationally and I was just actually came back from Atlanta yesterday with a sort of follow-up meeting about how do we sort of build that discussion into the discussion of healthcare reform and so this sort of resonates so clearly with what the policy committee just recommended going ahead with and sort of making these links and sort of starting to

build a single system of health rather than a healthcare and a public health system.

So we're involved in that and as part of that project we were asked to host a meeting in our respective communities, in our case for the State of Illinois. We co-convened that meeting with the Department of Public Health and held it last Friday and had participation from several state agencies.

Dr. Orgain was there for the Board of Health, a number of her partners who were involved in the State Health Improvement Plan, the Governor's office, and partners looking specifically at some of those health issues that are the State Health Improvement Plan that were of interest to the CDC which are nutrition, physical activity and tobacco and access to care.

That was a really rich discussion and there was a lot of discussion about the ways in which the State Health Improvement Plan is already pointing in a number of directions where we could make these kinds of connections and could move forward with this, and then also there was a new discussion around issues of delivery system that

came up very particularly in that meeting, Dr. Kruse.

So that meeting happened and then I think the immediate or sort of big upshot I guess of that meeting was a real strong interest to continue this discussion and continue this work. There were some proposals actually made by the Governor's office and Director Arnold around meeting regularly.

I think what was interesting to them in particular was that the human services sub cabinet was meeting with stakeholders on the outside and there is a strong interest in partnership at the Governor's office level. That was something that Steven Gerrick from the Governor's office really stressed.

David suggested that there is a 2009 SHIP needed, technically due next January by law, and this ongoing discussion could be engaged through that particular -- that process as sort of situating the State Health Improvement Plan as a vehicle for building prevention into the larger and health promotion into the larger system of health in Illinois and using this as a mechanism, this

deliberation, as a mechanism.

I think as David should probably speak for himself, but I would suggest that there probably, it's been so recently that we put that SHIP out, that there is probably not a need to redo all of the assessments and start from scratch, but we really ought to take the SHIP that we have, sort of develop some strategies around action steps and potentially find some ways of refining what's in that State Health Improvement Plan as the next iteration of the SHIP.

And I will say, my last piece that I want to say is that we have some private funding from Blue Cross/Blue Shield, which co-chaired the SHIP team, to do some public engagement kind of work around the State Health Improvement Plan and we're sort of ready to work with the Board of Health in sort of figuring out what that is.

The SHIP itself calls for a SHIP summit, and those are some words and what the SHIP summit would really be, but that could be an input, some sort of public engagement effort could be an input into the 2009 SHIP in place of a whole bunch of new health assessments. We could start thinking

about a public engagement in this process that would move the SHIP we have forward and help us refine that for the statutory requirements in submitting a new SHIP.

So that would be my set of ideas and David may have others and for the Board obviously has others as well.

MR. CARVALHO: I was going to say about three minutes ago when you said David should speak for himself I was getting ready to do that. Yeah, my thought had been pretty much summarized by Elissa there which was having sat in the meeting last Friday and sat in the SHIP meetings last year and the year before and contemplated the SHIP meetings to come, it seemed to me that you're looking at 80 percent, 90 percent the same people and rather than create three different forms for them all to meet on very similar topics, it might be a good idea to coalesce that and in particular that all of you have probably been through strategic planning and you know when you're doing it for the first time in a long time you get all the way down to, you know, environmental scan and spend three days on your mission statement and all

of that, and then when you do it about three years later you do something that compresses some of that preliminary stuff but instead builds upon what you've done, takes a quick peek at it, does it need to be tweaked, but then thinks more deeply about how do we actually engaged it, and that just seemed like our current situation is tailor made for that.

There is another one due January 2009. This last one really came out about a year ago. The issues of actual implementation are very alive and rife in a lot of conversations, and so bundling that all together into a process and, you know, working with IPHI just seemed like coming together. You've got a new director, you've got a relatively new deputy Governor or deputy chief of staff, Steve Gerrick, so everything seemed aligned to come together in that proposal that Elissa just articulated.

CHAIRMAN ORGAIN: I need to also mention that I had the opportunity to participate with DHS, Dr. James Galloway, and other stakeholders in regards to similar process for Chicago building a healthier Chicago that is essentially attempting to do the same thing in regards to the health of the

citizens of Chicago and Cook, and I've mentioned it to the assistant commissioner Joseph Harrington who will take it forward in regards to that process to include that so that we can talk about Illinois as opposed to just pockets of the state and develop the system and use SHIP, and so we're continuing that discussion. Now you have --

MS. O'SULLIVAN: May I make an amendment to my motion?

CHAIRMAN ORGAIN: Certainly.

MS. O'SULLIVAN: That the Board of Health participate and support this SHIP, you know, the plans that were just discussed here in terms of coalescing around this issue.

MR. McCURDY: I have a question about an item that's in here and that is in what Jerry has presented and that is I don't really understand the meaning of the term, and it must be in the federal legislation, a network of patient-centered medical homes. What does that really look like? What would be different if you had such an animal.

DR. KRUSE: Okay. When you look at the world's literature from the 1980s to the present concerning things that improve healthcare outcomes

and lower costs, you know, there is an abundant literature about that.

MR. McCURDY: Right.

DR. KRUSE: Again, those nations, regions, states and areas that have those desired outcomes have a couple of things. First of all, they just have a higher number of healthcare practices that have a set of characteristics. First, contact care, comprehensive care. Actually in the documents they're all there and I've got them on a big sheet of paper here that might be easier to understand. There is just more of those things.

But the thing is that when there is more of those things, and we don't know which thing comes first, when there are more things like that there is more emphasis on the public health, there is more emphasis on prevention, those things just naturally go hand in hand and they naturally occur.

So a network is nothing more in this definition than just the presence of more of these type of healthcare organizations. Okay. So when we get to that point and we look at all of the things in the State Health Improvement Plan, you could say that from an evidence-based standpoint

that these strategies by sectors that are in the State Health Improvement Plan would be more likely to occur by two mechanisms.

One would just be the organization of a healthcare system in that way, and they would have those characteristics. The second thing then would relate to very specific programs for health quality and other kinds of things or quality improvement and things like that. So it's two very different ways of developing a system to meet the strategies by sectors, and some nations and some states have a much higher level of organization of these things than others.

The best example is the one that I listed here was the Community Care of North Carolina, the CCNC. If you go to that website you'll see just voluminous amounts of information about how their care is delivered to Public Aid patients and the various aspects that draw various parts of their healthcare system together and the significant savings that they've had over the past few years while at the same time improving outcomes.

MR. McCURDY: Yeah. I won't prolong the

discussion. Still some of this is not clear to me in terms of what the terminology, maybe it's more about the terminology, so I can talk to you about that offline. But, I mean, I would certainly be willing to endorse that we proceed forward with the concept and the motion.

MS. O'SULLIVAN: So moved and it's been seconded I think.

CHAIRMAN ORGAIN: Yeah, is there any -- is there a consensus.

(Whereupon the Board responded in the affirmative.)

CHAIRMAN ORGAIN: All right. Very good.

MR. CARVALHO: Just tweak it, I mean, you said the State Board of Health work with that process for the SHIP. I guess I'd use a little different choice of words. Adopt that process as your work for SHIP.

CHAIRMAN ORGAIN: That's correct.

MS. O'SULLIVAN: That's what I meant. That's what I meant. And you'll see that the next policy committee meetings are listed on the meeting report. April 24th. We've got them scheduled, it's taken us awhile but we've learned from rules,

and so we've done that and so generally Cleatia sends out the notice to mostly everybody it seems like and you are very welcome to, you know, join in. We have a pretty robust group working here. Thank you.

CHAIRMAN ORGAIN: Thank you.

MR. DERKS: Madam Chairman, this is Steve Derks. I have to sign off. I have another meeting.

CHAIRMAN ORGAIN: Thank you, Steve. I appreciate you staying on for the time period. I am about to close the meeting. What I'd like to do is, and Elissa thank you for that report.

MS. BASSLER: You're welcome.

CHAIRMAN ORGAIN: And what I'd like to do is move the rest of the items on the agenda, which is just item number six on the agenda, to our next meeting because they aren't burning. I appreciate the few minutes that we've had to go overtime in regards to the meeting and take up the old business again at the next meeting.

MR. McCURDY: Dr. Orgain, you asked us to bring our manuals today, and now what do you want us to do with them?

CHAIRMAN ORGAIN: I'd like for you to bring them all the time. Cleatia, we need an update in regards to the manuals. We need an update on the members of committees, on the members of the Board, anything that might be new from a policy committee. The idea for bringing the policy manual is to ensure that you pulled it out and, you know, dusted it off and took a look at it in regards to particularly travel and our responsibilities as a Board, the legislation that created it and we'll need to, as we began talking before we officially started the Board, for those of you who know that your terms are up, completing those forms and submitting them to Cleatia for, you know, so the process can move forward, and so that was the reason for making sure that we had that available to us.

And for those of you who might need an update on IDs, because I know mine is expired. Right. So essentially I move that we adjourn the meeting.

(Meeting adjourned.)

STATE OF ILLINOIS)
)
COUNTY OF SANGAMON)

C E R T I F I C A T E

I, MOLLY A. HOBBIE, a Certified Shorthand Reporter and Notary Public, in and for said County and State, do hereby certify that I reported in shorthand the proceedings had on the meeting of the above-entitled cause on MARCH 13, 2008, and that the foregoing is a true and correct transcript of my shorthand notes so taken.

Given under my hand and seal this 27th day of March, A.D., 2008.

_____

Certified Shorthand Reporter
and Notary Public
CSR # 084-003897

My commission expires April 14, 2010.