ILLINOIS DEPARTMENT OF PUBLIC HEALTH

STATE BOARD OF HEALTH MEETING

Thursday, June 10, 2010

11:00 a.m.

122 South Michigan Avenue

Director's Conference Room, 20th Floor

Chicago, Illinois

Reported by: Donna T. Wadlington, C.S.R.

BOARD MEMBERS:

DR. JAVETTE C. ORGAIN, Chairman
DR. DAVID McCURDY
MR. KEVIN HUTCHISON
DR. JANE JACKMAN (via phone)
DR. JERRY KRUSE (via phone)
MS. KAREN PHELAN
DR. TIM VEGA (via phone)
DR. HERBERT WHITELEY
DR. CASWELL EVANS
DR. JORGE A. GIROTTI (via phone)
DR. PETER ORRIS (via phone)
DR. VICTOR FORYS

ALSO PRESENT:

DR. DAMON ARNOLD
MR. DAVID CARVALHO
MS. CLEATIA BOWEN (via phone)
MS. SUSAN MEISTER (via phone)
MR. KEVIN JACOBS (via phone)
MR. MARK GIBBS (via phone)
MS. JULIE CASPER (via phone)
MR. DON JONES (via phone)
MS. CONNY MOODY (via phone)
MR. STEVE MANGE
MS. ELISSA BASSLER
MS. TERESA GARATE
MS. ANN GUILD
MR. JOHN HENDERSHOTT (via phone)
MS. JANE JOHNSON (via phone)
MR. RICK MCGUIRE (via phone)
MR. DONNIE SIMMONS

CHAIRPERSON ORGAIN: All right. We can begin the meeting. Thank you. Officially begin the meeting.

First I'd like to start by offering condolences to Dr. Damon Arnold on behalf of the State Board of Health on the death of his mother. So on behalf of the State Board of Health, Damon, we want to offer our condolences on the death of your mom.

DIRECTOR ARNOLD: Thank you.

CHAIRPERSON ORGAIN: May your memories comfort you.

DR. GIROTTI: I cannot hear you very well.

MS. BOWEN: Could you speak up, Dr. Orgain? Dr. Girotti is on the phone. He can't hear you.

CHAIRPERSON ORGAIN: I'm sorry. I'll repeat.

On behalf of the State Board of Health, we want to offer our condolences to Dr. Damon Arnold on the passing of his mother.

MR. CARVALHO: I'm just making it louder up here.

CHAIRPERSON ORGAIN: Can you hear me better, Jorge?

DR. GIROTTI: This is better. Thank you.

CHAIRPERSON ORGAIN: You're welcome.

DR. WHITELEY: Yes. Thank you.

CHAIRPERSON ORGAIN: All right. And let's move on to the approval of the meeting summary.

Are there any additions or corrections for persons who may not be listed as present that actually were?

Hearing no comments or corrections, in consensus for approval of the meeting summary?

RESPONSE: So moved.

CHAIRPERSON ORGAIN: Okay. And we can move on to Item No. 3 on the agenda, which are Director's remarks from Dr. Arnold.

DIRECTOR ARNOLD: Hey. It's good to

meet with everyone today. We are now at a critical juncture going down the road. We know that we have a very severe state budget deficit.

MS. BOWEN: Excuse me, Dr. Orgain. We can't hear Dr. Arnold here in Springfield.

DIRECTOR ARNOLD: Okay. I guess this microphone is too short.

I just want to welcome everyone here and to thank you, again, for all your commitment that you have to our citizens within the state.

What I was mentioning just a second ago is that we are now facing a very, very severe budget deficit, as are many states. We currently have a tax of three percent for state taxes. That puts us into a very nice comfortable position of either 48th or 49th, as far as the highest state tax in the country.

Our budget, we actually have -- Governor Quinn's been given a 50 percent budget, which is some pockets of money where he's trying to sort of fill up holes. So they

basically wanted him to stand there with his finger in the dike, instead of doing the things that he needs on the legislative level to proceed with good state actions and plans. So we are now in that kind of situation.

We do have the reintegration of diabetes back into public health as of July 1, both by executive order and passed through the legislative branch as well, and so we are now looking forward to that.

The State Health Improvement Plan is actually coming up. Our final meeting is going to be tomorrow, as in Friday, and that's going to be looking at all of the comments we got from the field with our interviews. We did three different open houses. Brought that information back to the table.

We have a Chronic Disease Task Force as well, which was a bill introduced by Senator Delgado. We have the people who are sitting on that group as well.

So they're going to be more

subject matter experts to give their impressions of what we are doing, what we are moving towards. So for really the first time we'll have this SHIP, the Chronic Disease Task Force which I am chairing and co-chair of the SHIP and chair for the Chronic Disease Task Force, and IDPH, and the Board of Health.

I think that this is really a good strong position to be in to address the No. 1 issue from the -- from the Center for Disease Control.

I've been having conversations with Dr. Freeman and with actually the LAMPS committee at Harvard, MIT and also with some of the staffers in DC. But I think this is something that we have the ability now to move forward and to put ourselves out front as No. 1 with this issue.

So obesity has implications for national and domestic security. I think I mentioned that in the last meeting, that you can't hire -- you can't get military members,

you can't get fire, you can't get police, you can't hire a labor force. And we believe there is no way in the world that we will have enough money or systems in order to compensate for the title wave that's coming towards us with just the obesity issue. Twenty-seven major things are under our umbrella, and that's an extremely important platform for us.

The second platform they have is tobacco abuse. They feel that that causes a lot of devastation, and we have to start looking at how that is being addressed statewide. We know we had the legislation that we passed as far as Smoke Free Illinois. So we need to sort of keep going on that initiative and not just feel that we have something in place that's going to solve our problem.

The third level was really injury prevention, and we have been in talks with the Employee Control Center. I felt that that should be integrated within that concept of injury prevention. They have a very vital

function that occurs in the state. So we hope to support other initiatives along with all of our other things; the anti-violence programs, you know, the -- looking at other agencies for collaboration, having MOU's in place, so that we can address it in more of a holistic way at the state.

And the fourth platform is really infectious diseases. So that's going to be another major platform that we use. As my epidemiologist of that section, they have skills that can be applied not just through drugs and bugs but also through the issues concerning all of these chronic disease issues and to monitor them.

We're talking about matrix, putting matrix in place. We have a grants tracking and monitoring system that is being scooped up right now. Assistant Director Garate is working with that feverishly, and we also have inputs into the health IT issues that are coming down the road.

So I think we're actually in a position where we have an electronic death registry that's going to be statewide. We had a conversation yesterday to get that onboard completely and then also the birth registry.

This, I think, is going to put us in a great position to start really looking at data, start trying to analyze it, and in a sensible way where they're, you know, looking at towards sharing data more freely with academic institutions, with everyone.

We need to have -- first of all, you know, step away from denial and look at what's really here and then address the issues. So that's all I really have to say at this point, except for one more thing.

And this is for the preparedness conference that we're having next week. And what we have is the actual -- but it's a preparedness conference. It is something that we have the agreement of -- and they have something in that section.

So at the Preparedness Conference we actually have the Minister of Health from the country of Taiwan coming over. There was a theoretical paper I wrote he was very interested in. So they actually asked me to come there a year ago to give a presentation on this viewpoint. So it was well received. He said, if I can ever do anything for you, and I said, well, there's one thing you can do.

So he's agreed to come over and to do a presentation, along with two of his colleagues. They have the No. 2 infrastructure for IT in the world. Germany is No. 1. and we are No. 28 globally.

So I think it's something to be learned there. Maybe there's something that we can gain some information from and understanding how they operate. So they're going to explain their public health system and something about their IT infrastructure.

Also, General Honore will be here as well, and there will be some world

renown speakers in there and some published authors.

So we've gone -- in 2007, prior to my coming onboard, it was called Bioterrorism Summit, but I changed it to Preparedness Summit because it was a wider umbrella. So we went from 300 participants in 2007 to over 1200 last year, and we think we're going to pass that this year. Already the hotel is already sold out. The overflow is now sold out. We're on that track.

So I think it's really going to be a great thing for you to come and see that whole arena of preparedness of manmade natural disasters. It's going to be integration of chronic disease ultimately. That's the hope.

You know, when I went to respond to Katrina, that was, you know, a medical disaster as well, and an access disaster, as well as a nature disaster. So we really need to start looking at those things. So I really invite you and encourage you to come

to this.

Also, Operation Push is going to have the -- have the Surgeon General there, and she will be there at 8:00 a.m. on the 16th. So I'll be running through there and running out to this event at 9:30 to open.

And we also have Secretary Sebelius in town that is going to be talking about the new, you know, getting to work program that's coming through the Department of Human Services.

So I think it's really a good, good time in the state. I know we are at a deficit, but I think it's planning and putting the right mechanisms in place that could put us and prepare us to really go into the future to make Illinois No. 1. We have some of the greatest researchers, some of the greatest clinicians, everything that's here. So, you know, we should be pushing towards being No. 1.

So with that, I will get off my soap box. But you're more than welcome.

CHAIRPERSON ORGAIN: Questions? Jorge, can you still hear?

DR. GIROTTI: Yes, I can hear you fine.

CHAIRPERSON ORGAIN: Thank you.

MS. BOWEN: Did someone just join the conference?

DR. JACKMAN: Yeah. This is Jane Jackman.

MS. BOWEN: All right, Dr. Jackman. Thank you.

DR. KRUSE: And Jerry Kruse is here. I set up the video, but it didn't work out somehow.

MS. BOWEN: All right.

DIRECTOR ARNOLD: Okay. The people on the phone what you can do is, you can contact my Administrative Assistant, Chad Brouse. We can actually email you a copy of this as well, so you have the agenda, the registration material.

DR. KRUSE: Okay.

CHAIRPERSON ORGAIN: Any questions for

Dr. Arnold?

DR. FORYS: I have one question. Maybe not so much a question, but a suggestion since Dr. Arnold is going to leave.

A lot of things in medicine and in the world revolve around how they sound. So when we talk about SHIP, a lot of people are probably disinterested. They're thinking of ships, maybe ships at sea so...

DIRECTOR ARNOLD: Resurrect a ship.

DR. FORYS: But we could call it S-HIP, S-HIP and make it hip.

DIRECTOR ARNOLD: Oh, make it hip.

DR. FORYS: And make it --

DIRECTOR ARNOLD: More appealing.

DR. FORYS: -- more appealing.

Because there's a lot of things in medicine, for instance, peep and bloop (phonetic), that come into the literature and stay popular as terms because they're interesting in their sound. So that was my --

DIRECTOR ARNOLD: Let's look at that.

Yeah.

DR. FORYS: I think it's about young people and people want to be hip.

DIRECTOR ARNOLD: That's interesting because in New York City I remember when before being in health education and lost in transitions that they used to be called the Hip for the clinical services. Hip program. It was kind of catchy back then.

We will look at that. Yeah.

CHAIRPERSON ORGAIN: We have a meeting tomorrow, so as we -- as we do that, just in terms of how other people view that recommendation, I think that will be great.

DIRECTOR ARNOLD: I think you bring up a very good point because what you bring up a point of, which I think we don't do enough of, is the marketing. It's remarkable what people are doing everyday and we just don't -- people think that if you say public health, they think you're talking about, oh, they're going to come and inspect my food. But it's so much wider

than that, and it's just amazing how much we lose in the translation. And people just don't understand that this is so much greater than that.

CHAIRPERSON ORGAIN: Karen.

MS. PHELAN: Yes. Thank you.

Our Rules Committee met via conference call on April 14th. We have no action -- action items before the Board today. But our efforts and discussions continue --

CHAIRPERSON ORGAIN: I'm sorry. You said Rules. Did you mean Policy?

MS. PHELAN: Policy. Excuse me.

CHAIRPERSON ORGAIN: No problem.

MS. PHELAN: I'm on both. My apologies. I forget what hat.

Our efforts and discussions continue regarding medical home and at our meeting we had the opportunity to interact with James Parker from the Department of Healthcare and Family Services and also Theresa Eagleson.

You probably read in our

minutes the program has been underway for more than three years. Under Illinois Health Connect, IHC as of April 2010 had over 1.1 million clients enrolled and they're served by more than 5600 medical homes. In their fiscal year of 2009, IHC saved the state $153 million.

I'd like to give Dr. Kruse, and Dr. Vega and Kevin an opportunity to comment on that if you'd like. Medical homes? Anything? No.

DR. VEGA: I'll just jump in then.

I think that the -- what some of the discussions and looking at our health care, and we talk about chronic disease management, this -- that -- identifying the problems has been one arm of what they're doing. And then looking for a mechanism to address those in the real world with patients and with work force, that's the tool and trying to marry the two. And medical home, we think, is the tool to function as -- to address those problems. So that's why we keep bringing it up.

The private sector is already, perhaps, years ahead in trying to promote that in their -- in the people who care for their employees. And then across the country there are public sectors that are demonstrating how it could work. So that's why we keep plugging in it.

I think one opportunity would be to, perhaps, come up with language or some model language on how to engage the professionals in the community to address obesity, activity, disparities, this type of thing. People don't know how to do it. So modeling from the state might be helpful.

DIRECTOR ARNOLD: Very good. Yeah, because actually one of the things that I'm working with right now is with the LAMPS program and that's -- what it is is Linking Assessment and Measuring Performance in Public Health Emergency Preparedness Systems. So they break all the other words out and put LAMPS together.

But it's a collaborative

between the School of Public Health for Harvard and for the Engineering Department at MIT. And they're looking at it from an engineering standpoint how to develop metrics and how to measure things, and, you know, how do you lay the systems out.

So there's an opportunity there for us to work with them in the implementation of this overall model concept that came up within.

The CDC is pretty excited about it. I told my person who is the -- she's a CDC fellow. So she went through the program for two years, as did Craig Conover. And this program actually allowed her to learn a lot about diabetes. When she came in she was really in the IV section, so I moved her responsibility to the reintegration of diabetes and obesity. But she has an open door to the CDC for best practices implementation.

And I don't think people really know what you're talking about, you know,

this bridge between us and the community, and I always say it's the how why bridge. So this model that we are developing actually sort of brought that particular issue. You know, the how is the scientific part. You know, how do you do something. But the why is, why should I listen to you. And the why is really what the community is saying. And that's based on ecumenical, geopolitical, philosophical, and even socioeconomic situations. But that needs to be addressed, and we need to really understand who we're talking to.

And so this model, I hope, is going to be a mechanism that can bridge that gap.

CHAIRPERSON ORGAIN: Let me just ask a question. The definition of patient centered medical home, did that get forwarded to the SHIP committee?

MS. PHELAN: Yes, I believe. I believe there was some discussion. Yes.

CHAIRPERSON ORGAIN: Jerry? Tim?

Jerry, can you hear me?

MS. BOWEN: Dr. Kruse.

DR. KRUSE: I think you're talking to me, but I can virtually hear nothing. There's buzzes and everything else on the line.

MS. BOWEN: He has a lot of static on the line, Dr. Orgain. Could you possibly speak a little louder?

CHAIRPERSON ORGAIN: Yes. I'm almost --

DR. ORRIS: Well, actually I'm introducing you with the Skype. This is Peter. I've been on since the beginning of Policy here.

CHAIRPERSON ORGAIN: Oh, okay. So the question is, did the --

(WHEREUPON, a discussion was held off the record.)

CHAIRPERSON ORGAIN: Can you hear me better now?

DR. ORRIS: I can hear you better. I did hear that, actually. So that's better. It's better.

MS. BOWEN: It is better, Dr. Orgain.

CHAIRPERSON ORGAIN: I'm right on top of the mic, so I'm sorry.

DR. ORRIS: I hear you well.

MR. CARVALHO: Excuse me. The problem is, I think, that the connection for the conference call is established in Springfield, right, rather than here?

MS. BOWEN: Yes.

MR. CARVALHO: So nobody on the conference call is hearing anything from Chicago unless it's transmitted from here to your speakers and then from your speakers to your phone. Perhaps, we should set up the call --

UNIDENTIFIED SPEAKER: Maybe you should move the phone closer to your speakers.

MR. CARVALHO: -- here since there's more board members here. And turn up the volume on yours. No. No. Not on your phone. On your speakers in your rooms. Because the people on the phone are hearing it by transmission out of the speakers in your TV.

There you go. I don't want five people to have to call back.

CHAIRPERSON ORGAIN: All right. So Jerry and Tim, I'm asking the question, did the definition of patient centered medical home get transmitted to the State Health Improvement Plan through the implementation team?

DR. KRUSE: Yes, we had several discussions about that.

DR. VEGA: Right. I think that unless there's -- we are familiar with it. Now I don't -- we even talked about the definitions and how they were -- there are already national consensus definitions of that. So how much of that got -- has been implemented, we'll see.

CHAIRPERSON ORGAIN: Well, Elissa I understand will be joining us later. Is that correct, Cleatia?

MS. BOWEN: Yes. She has a prior commitment.

CHAIRPERSON ORGAIN: All right. So we'll hear from Elissa probably during the time

when we hear the legislative update.

But what I'll say now is that -- is that Oregon has implemented and has considered a definition called the Oregon patient centered primary care home as opposed to patient centered medical home. It's patient centered primary care home. And they have established an Oregon Health Authority to begin to implement and take a look at what that means for Oregon.

And I think that what we'll do is send that information out to all the members as well as to the S-HIP implementation team.

DIRECTOR ARNOLD: That would be good.

CHAIRPERSON ORGAIN: Okay. They're meeting tomorrow. And so I'll make sure that we get that out today, so that people can have an opportunity to take a look at it.

DIRECTOR ARNOLD: Yes. Because as I was discussing Oregon's plan with ASTOS (phonetic), it really sounds pretty good, you know. And they had the ability to move it in.

CHAIRPERSON ORGAIN: Yeah. Their legislature is totally onboard with health reform, with the Oregon Health Authority and with the patient centered primary care home.

And so I think that as we take a look at models, as we take a look at what we need to do as a state, we need to look at other -- other states and how they implement these things.

DIRECTOR ARNOLD: Absolutely.

MS. PHELAN: Steve Mange updated our committee on several Senate and House bills, as well as the committee expressed concern about a few additional bills pending. But I believe David will probably talk about that during his presentation.

Elissa's going to be joining us later. I know she's on the agenda. But I'll also say that we successfully completed three obesity hearings throughout the state, as well as three HIP hearings. And we're fortunate to have Dr. Arnold with us, as well as in his

absence, Teresa Garate. So thank you very much.

MS. GARATE: Thanks.

MS. PHELAN: At this point if there are no changes to our summary, we can approve our minutes of April 14th.

CHAIRPERSON ORGAIN: Okay.

MS. PHELAN: Thank you.

MR. CARVALHO: And just a reminder, if the court reporter doesn't hear it orally, it's not in the record. So we can't shake our heads or nod.

CHAIRPERSON ORGAIN: It's consensus on the minutes from the --

MS. PHELAN: April 14th Rules.

CHAIRPERSON ORGAIN: -- April 14th Policy --

MS. PHELAN: Excuse me.

CHAIRPERSON ORGAIN: -- Policy Committee.

All right. So the next thing on the agenda is a report from David McCurdy from the Rules Committee.

VICE CHAIRPERSON McCURDY: Indeed the Rules Committee has met a number of times because there was a special meeting that had to be held on June 1st to respond to a late request for consideration of additional rules. But --

MS. BOWEN: Dr. McCurdy, excuse us. Could you speak louder, please?

VICE CHAIRPERSON McCURDY: The short answer is probably not. I have a cold and I'm doing the best I can, so...

Can you hear me?

MS. BOWEN: Yes.

VICE CHAIRPERSON McCURDY: I'll move closer to the seat of power here and hope that that will help.

Okay. Can you hear me all right now if I speak in a relatively normal tone here?

MS. BOWEN: Yes. Thank you.

DR. KRUSE: Much better.

DR. JACKMAN: Yeah.

VICE CHAIRPERSON McCURDY: Before we

look at the specifics of the four rules that are listed here, I want to give Dave Carvalho some time to, in a way, refresh our memory and in another way probably simply inform us for the first time about some of the process that the Department uses in formulating rules.

MR. CARVALHO: Thank you, David.

The -- as you know, there's a very structured part of the rulemaking process and that begins with your consideration and then goes to JCAR, the Joint Committee on Administrative Rules, and it involves publication of the rules. It involves an opportunity for the public to comment on the rules. And it involves a process where we're as an agency supposed to incorporate and/or respond to all of that public comment. There's publication and there's multiple opportunities for input.

But there's a process to the rules that comes before all of that, that you don't often see. And since it became a subject

of some discussion in the Rules Committee, I wanted to discuss that as well.

When the legislature passes a statute that requires us to develop rules or when in the administration of existing rules it comes to our attention that perhaps there's some changes that need to be made, there is no required process that we go through before we ultimately bring a product to you.

So in particular, there are some rulemakings where they originate on someone's desk. He or she makes some changes. He or she runs it up their chain of command. Legal reviews it. It's reviewed by the Governor's office, and we submit it to the Rules Committee.

There's other instances where there may be holes in our knowledge base or expertise. So we may reach out to persons who have that expertise, and ask them a question or ask them to consult with us, or perhaps even share a draft with them. But that is all done

on an informal basis. And we might share a draft with someone and then continue to make changes and no longer share drafts.

Then at the other extreme there are processes where we have multiple stakeholders in a room for multiple drafting meetings and multiple drafts are shared, and the process is extensive and ongoing. And -- but even that process will then come to an end, where it turns into an internal process to do the final touches.

I raise this because I missed part of the meeting, but I think over time from time to time you have heard or you may wonder folks say, "Well, I wasn't shown a draft," or "I wasn't involved in the process," or "I didn't get an opportunity to comment." And the truth of the matter is the opportunities as of right occur after the process; namely, the JCAR process, the publication, and the like.

The opportunities that we create in order to better inform our rulemaking

process, so we bring to you a product that we think is good, are all informal. And I can understand why someone who's involved in the informal process, for part of it, may want to have a continued and ongoing involvement, but that is not -- that is not a requirement, and sometimes it is just not practical.

And in particular, once the process gets to the stage where our lawyers have reviewed it and we've submitted it to the Governor's office for their fine vetting, we really typically do not take continued input from the public at that point. We do not typically share the draft at that point. And for people who make those kinds of inquiries, we suggest that they avail themselves of the process that is available through the Joint Committee on Administrative Rules and the like.

So we very much value the input people give us, and we very much value the opportunity that people afford us by giving their input before the rules have been drafted.

But I didn't want you to come away with the impression that there's a formal process there that is all inclusive and entitles people to multiple drafts and things like that. It's simply not the case.

Now as you know, once we finish with that work product, the thing that's different from us from all other agencies is rather than that final work product of our agency then going to JCAR, it comes to you. And as you know because we -- those of you who have been here for a long time and perhaps not those who are newer, the State Board of Health is an additional process to the adoption of public health regulations, in that you have a Rules Committee and we share our drafts with your Rules Committee, who then refer them to your Board, and you over the years have on multiple occasions provided guidance, input, recommendations, suggestions. The vast majority of which are incorporated. It is an advisory nature.

There have been rare instances where either because of the timing involved where we have to move forward or just, you know, on this differences of opinion where we will move forward without incorporating all of those changes. And when we do that as provided in this statute, we share with you our reason for doing that. And I think that's happened once or twice in the last couple of years. But those are the multiple processes.

And so there's lots of opportunity for people to have input. There's only one spot where they have input as of right, and that's the JCAR process. But there are multiple opportunities and we certainly try to take advantage of them.

Because we know while we are the agency with expertise, we are not the sole place where expertise on these matters reside. And we do try to incorporate others' information as best we can and to the extent that we have those needs.

So just putting it all in kind of a framework and you have -- turn it back over to the Chair.

CHAIRPERSON ORGAIN: Let me just do one thing.

If people could put their phones or whatever on mute, that might help us some. I don't know if Springfield puts on mute what we -- how that would impact us.

DIRECTOR ARNOLD: You probably don't want to do that there. But you know, people on the phone -- people are moving things around.

CHAIRPERSON ORGAIN: So if you can put your phone or whatever on mute, that might help. Because there's a lot of background that we're hearing.

MS. BOWEN: Dr. Orgain, we can't put ours on mute because the people won't be able to hear that's on the phone.

CHAIRPERSON ORGAIN: All right. So for those of you who are on the phone, if you can put on mute, that might help us some.

DIRECTOR ARNOLD: Can I make one comment about what David was saying?

CHAIRPERSON ORGAIN: Yes, please.

DIRECTOR ARNOLD: I think, you know, one of the things that we were looking at also with this legislative cycle is that we don't want to wait until the last minute to do legislation. And it's something -- you know, the last day of this legislative cycle, the next day should be the first day of the next one.

So the legislative team is actually going to be working throughout the year to try to make sure that things are being put into the right format. Because if we try to jumble things and put some piece of legislation -- that's why we have so many terrible laws on the books now. We wait for the last minute and in 24 hours we want to put something out there, and it gets passed, unfortunately, sometimes.

So you know -- so you know, it's going to be much more inclusive, I think, than the whole legislative process throughout

the year. So ideas as they come up, it's better to put them in earlier so we can actually see if it's doable or not and what -- you know, what's the best mechanism? How does it fit?

VICE CHAIRPERSON McCURDY: One other comment I think I want to add to what Dave has said about the input that people may have at various points to the Department in drafting rules is in addition at least de facto we've also had people who have concerns about rules come to the board meetings, for example, in the past. So that has been a venue in which at sometimes people have done that.

And then most recently at our June 1st Rules Committee meeting we also had some input from interested parties at that time. So that has turned out to be another way in which people at least have input to the Board and to the Rules Committee in terms of what we do.

DR. EVANS: Question.

CHAIRPERSON ORGAIN: Yes.

DR. EVANS: How clearly is that process described for the concerned public? I mean, is there a place where they can go to have that?

Because we've sort of faced the expectation of you're developing a rule that we're expert in or that we've got to implement and you're doing it without our input. And so it would be nice to say, well, here is -- here's a place you can go to understand exactly how your input can be garnered in this process. Does that exist somewhere?

MR. CARVALHO: I think it exists for the formal process, the Joint Committee on Administrative Rules process.

DR. EVANS: Right.

MR. CARVALHO: And that's the ultimate safeguard. Because regardless of what may be drafted beforehand, once it's published, it's all open for comment.

And one of the things -- and this dovetails with what David had said -- was

the nice thing about the formal JCAR process is that it's all in writing. It's all memorialized, and then our responses are all in writing and all memorialized. And in fact if -- there is an opportunity under the JCAR process that's rarely invoked, but I've seen it once in the last couple of years, to request a hearing. And then there's a formal hearing that is also where people can make comments and the like.

The tradeoff where you have people commenting to this Board, or especially commenting in the committee, is none of that's recorded. And so you will have neither a record of what the persons say, other than what may be in your minutes, nor a record of a response.

And so I suggested that it's something that you want to think about. There's a natural inclination to think that more input is better. But at some point it actually may be counterproductive because if, for example, you establish as an informal way that everybody who has an interest in a rule ought to pile into one

of your Rules Committee meeting, you're going to be doing an ad hoc process that already has a formal corollary to it later down the road through the JCAR process.

So it's totally at your discretion, but I've suggested perhaps you want to do what many public bodies do. They have an opportunity for comment at the beginning or an opportunity to comment at the end. But not a more elaborate hearing type process because that -- as you know, we are among the most rulemaking agencies in state government. And certainly for our size, we are clearly the most rulemaking agency in state government.

And so if it became just a matter of course for everybody who has interest in rules to let's go to the rulemaking committees, and let's go to state health committees, and let's try to turn that into a full-blown hearing, your voluntary job will have expanded significantly.

DR. EVANS: I think there would be a

clear expectation of that because I think we are all familiar with informal processes.

And the risk there is that you implement that informal process sort of the same way three times and now everybody thinks that that is the formal process. And then they complain when that process in their perception that's formal is not followed, and you create a problem that should've never been a problem in the first place.

CHAIRPERSON ORGAIN: And to piggyback on that, it would be helpful as we're discussing rules to remind all of us, including new members, what the underline, the italics, and the strike-out means. Okay. So that would be useful to do when we're talking about these rules. Because we do have new members and I think if you don't mind doing that in regards to as you move forward.

VICE CHAIRPERSON McCURDY: All right. And the other thing I would say again about processes, empirically, at least in the time

I've been on the Rules Committee, the last meeting of the Rules Committee was the first time I can recall that interested parties actually came and had something to say.

So we're not looking at something that so far has been a tidal wave of public interest and response. That is not to say we shouldn't give it some attention. But I mean, we want to have a perspective on what we've seen so far.

Similarly, to the Board, there hasn't been a whole lot of that, but certainly there's precedence for it.

So maybe it's something that we, what I would suggest Dr. Orgain, that we as a Rules Committee put on our agenda for the next meeting our rule when considering and then we can come back to this group for our thoughts about it.

CHAIRPERSON ORGAIN: Okay.

VICE CHAIRPERSON McCURDY: All right. Are we ready to look at the rules themselves,

the actual work product?

DR. ORRIS: Again, I would echo what you said. I thought the group that came was quite responsible and they made their statement. They didn't interfere in our discussions at all. So I thought the process went quite well and totally support what they said. With the more input we get early in the process, unless we -- (inaudible) -- the Department, the faster the rulemaking process would go.

VICE CHAIRPERSON McCURDY: Well, let's discuss that the next time we have one of our scheduled meetings, so...

Now a couple of things about materials that everybody has received before we start talking about italics and underlining.

Namely, you have received a copy of another version of one of the rules, Hospital Capital Investment Rule. So do note that it has some changes in it that result from recommendations from the Governor's office, and that's why you have that.

And there's -- they're limited. They are on pages, and I'll tell you now, of 8, 11 and 12 at least in the last version I saw. So there's not a lot, but we will consider them in due course.

And -- well, as long as I'm mentioning it, on Page 8, for example, you see something underlined. This is our illustration, Dr. Orgain. An underlined section under "medicaid inpatient utilization rate." That is new language that has been added at the request of the Governor's office, as I understand it.

And then on Page 11, you will see also some underlining, which means new language; some strike-out which means language that was originally proposed or exists and has now been stricken. And you notice there is italicized language, which has also been stricken. What so happens is that italicized language is verbatim from the statute that the rule is based on. So in this case the statutory language also was not included in the rules, but

it was found it could be explained in other ways.

And then on Page 12 of the new material there is again a strike-out only. So there is a section on Page 12 where a line is knocked out. And it's nothing -- not major portions but significant in terms of content. So we'll get to that in due time. That's not the first one that's on our docket.

Secondly, you have corrected meeting summary that has been set before you just today. And it says, "Correction June 8th." Technically, I think it should say "June 10th," because you also received a June 8th correction that lacks what this one says.

And the change here is on Page 3, and on Page 3 you will see actually the very phenomenon we talked about.

At our last meeting there was a comment from an interested party representing an organization in this state on one of the rules, and then there is a paragraph that looks

like that is attributed to that person, to Donnie Simmons of the Local Environmental Health Administrators Group. However, in fact, it is not clear that this is not verbatim necessarily when we look back at this. This is partly quoted and partly a summary, as best we can tell. So this could not be seen either as a written statement that he submitted nor as necessarily an exact transcript of what was said. But it's probably a pretty close approximation. That should be noted.

CHAIRPERSON ORGAIN: Today is the 10th, so the Rules Committee could not have met on the 10th. You said it actually should say the --

VICE CHAIRPERSON McCURDY: No. No. The correction is dated --

CHAIRPERSON ORGAIN: Yes. For the date you met?

VICE CHAIRPERSON McCURDY: No. The correction is the date that the correction was sent out.

CHAIRPERSON ORGAIN: I see.

VICE CHAIRPERSON McCURDY: So there was a correction that was sent out two days ago.

CHAIRPERSON ORGAIN: All right.

VICE CHAIRPERSON McCURDY: So it was dated June 8th. This one should say correction June 10th. The meeting day remains June 1 and it's on there.

CHAIRPERSON ORGAIN: Okay. So correction June 8th. The one that we received --

VICE CHAIRPERSON McCURDY: -- was made a week after the meeting. Because there were errors in the original summary of the meeting.

CHAIRPERSON ORGAIN: Okay.

VICE CHAIRPERSON McCURDY: And so now we have a later correction dated the date of the correction, not the date of the meeting.

CHAIRPERSON ORGAIN: Okay.

VICE CHAIRPERSON McCURDY: But the meeting date is on here correctly.

CHAIRPERSON ORGAIN: Thank you.

VICE CHAIRPERSON McCURDY: Uh-huh.

So with those things being said, maybe we can actually -- now we can turn to the work product.

First of all, the shortest of the rules, Loan Repayment Assistance for Dentists, and who in Springfield will be providing us with a brief summary on this one to get us started?

MR. GIBBS: Thank you and good morning. This is Mark Gibbs and I have with me today Julie Casper and Don Jones, who did -- (inaudible) -- amount of work on the first two of these rules and they will present them first.

MR. JONES: Thank you, Mark.

Public Act 96757 amended the Loan Repayment Assistance for Dentists Act. The amendment allows dental hygienists to be an entity that is authorized to receive loan repayment, and the amendments to Part 580 are just a reflection of the new requirements in the statute.

And we'd be happy to answer any questions you have.

VICE CHAIRPERSON McCURDY: And you will note that we move to forward this to the Board for its consideration.

I would also note, however, and I'm taking some liberty here, but as Dr. Evans reminded us, this follows the statutory definition for dental specialties and so on. And as he noted it's a restricted range of specialists that is included in here. This was not on our plate to try to change and not within our purview but at least something noted in our discussion. So I just mentioned that for the Board's information.

And I would entertain a motion to -- in fact, I would make a move that we forward this to JCAR.

DR. EVANS: Second.

VICE CHAIRPERSON McCURDY: All in favor say aye.

RESPONSE: Aye.

VICE CHAIRPERSON McCURDY: Opposed?

Then this one is moved and carried and we will go on to the next.

And the next is a little more complicated, as you already know, the Hospital Capital Investment Program Rules. And this is one in which I noted in reading through it -- I take that back, not this one.

But in this one, who in Springfield is going to speak to this rule?

MR. GIBBS: Good morning. It's Mark Gibbs again.

VICE CHAIRPERSON McCURDY: Okay, Mark.

MR. GIBBS: This rule relates to Public Act 9637 which was a portion of the Capital Program passed by the legislature last year. This portion relates to hospitals. It provides for $150 million Capital Grant Program. Actually, two sub programs; a $100 million dollar program for safety net hospitals and a $50 million program for community hospitals. The larger hospitals are allowed a grant of two

and a half to seven million dollars each. We believe there are 16 hospitals in the state that will qualify.

The smaller program is a $50 million program which allows approximately 108 hospitals to seek grants ranging from about $300,000 to $1 million.

I'd be happy to answer any questions.

VICE CHAIRPERSON McCURDY: Mark, could you do us a favor and speak briefly to the case mix index issue, because that was a reason -- actually, one reason that our consideration of this was postponed from May 20th to June 1st.

MR. GIBBS: Yes. Our original analysis of the bill indicated to us and was collaborated by staff at Health Care and Family Services that the appropriate case mixing index to use in the fifth or the five qualifying criteria for the safety net hospital grants was a Medicaid case mix index.

Further analysis by legal and

the Governor's office staff concluded that it is appropriate to use a Medicaid/Medicare combined case mix index, and the result of doing so increased the number of hospitals eligible for the program from 14 to 16.

VICE CHAIRPERSON McCURDY: Okay. Thank you.

And I will add the place where you would see the definition of case mix index is on Page 6 of your document.

And, again, we move to forward this to the Board with some suggested changes, and I would add one thing when I look through this. The changes that we suggested by and large appear to be here, and then there are the Governor's office changes which were noted earlier.

I will simply note that on Page 26, at least in the version that I have, we had raised some concerns about alteration requests being reported. And when I looked -- in fact, I just looked it over again this

morning. The -- at Page 26, and this is section -- it's letter D. I'm sorry. I can't tell you quickly.

But letter D on Page 26, "Alteration Procedures. For all alteration requests, the grantees shall notify the Department in writing." It says, "the notification shall include," dada dada da. This actually is some change from what we -- what was there before at our suggestion.

However, in No. 2 it says, "the Department will review all alteration requests." And then goes on to say, "for requests that require approval, the Department will notify the grantee of its determination."

And then on No. 3 says, "for alterations that only require notification and for those that are approval or agreement and the award will be amended accordingly."

My comment here is that alteration requests by definition would seem to mean that it requires approval. The reality is

we're talking about two different things here. One is requests that do require approval, it seems. And also requests that don't require approval. So the wording that has been changed, actually, may introduce a new confusion without meaning to do that. So I would ask folks in the Department to look at this content of Letter D here.

I hope that's relatively clear to you -- to those of you on the phone who hadn't been immersed in this stuff but...

And members of the committee may want to comment on that as well.

Any other comments anybody wants to make on the rule on the basis of reviewing it before we move approval or questions?

DR. VEGA: Dave, I have a question. This is Tim.

VICE CHAIRPERSON McCURDY: Yes.

DR. VEGA: In writing this, I know this is all through statute.

Is -- as you're going through this and writing this out, is there -- do you see -- you know, I understand the intent, you know, in seeing hospitals and the reimbursement difficulties with Medicaid staying. Is there -- this seems like a very convoluted way of helping and a very cost ineffective way of helping.

I was wondering is there suggestions for a way to approach this. And I'm not asking for you to come up with something now, but it seems to me that often there's enough expertise even in this room at times to come up with a suggested way of helping these hospitals that isn't so tedious.

Or is that just the way -- only way it can happen?

MR. GIBBS: Again, this was already in negotiations that took place behind the capital program that occurred last year, which we were not a party to.

The intent being a capital program is to buy equipment, repair roofs,

infrastructure, what have you, that would otherwise be funded by any state programs.

It is convoluted, and I'm not sure why it's as difficult as it was written. But we weren't -- we weren't asked to comment.

DR. VEGA: Well, I can see a hospital needing an attorney to apply.

MR. CARVALHO: I wanted to note for your record, I've noted in other forums, but my wife works at a hospital who's eligible under this statute. And so I did not participate in any decision making regarding this. Mark dealt directly with the Director's office.

I can give you the background information however to help with your question, Dr. Vega.

When the capital bill is put together in Springfield, there is all sorts of legislative negotiation with interest groups, as to who's going to get what.

Under Illinois Constitution there's a prohibition on something called

"Special Legislation." So the legislature can't write a bill that says, "X hospital gets Y, Z hospital gets Q." Instead you'll see statutes that say for all hospitals that are larger than this and smaller than this and located in a town the size of this, that has, you know, more reign than typical in the State of Illinois.

But at the end of the day, the goal is get to the objective that was agreed upon by legislators. We as an agency are just a rulemaking passthrough of that.

So that's why I noticed in the conversation that Peter had asked questions about -- Dr. Orris had asked questions about how did you define safety net and things like that. And the truth of the matter is, we weren't trying to define safety net. The legislature adopted a statute that carved up the pie, and we're asked to draft rules that process that.

DR. VEGA: I understand. I'm just saying, now that it's done, perhaps making a

suggestion on maybe next time a capital thought comes through five, six years from now, it might be done a little bit more streamlined. Or just -- just making some thoughts to the people who make those decisions.

VICE CHAIRPERSON McCURDY: Okay.

DR. VEGA: I know it's crazy. But if we don't ask, I think sometimes crazy things can happen.

CHAIRPERSON ORGAIN: Thank you.

VICE CHAIRPERSON McCURDY: Other comments?

Then I would -- well, let me go ahead and move that we forward this rule to JCAR.

DR. ORRIS: All right.

MS. BOWEN: Dr. Orgain --

DR. ORRIS: My question --

VICE CHAIRPERSON McCURDY: Can we get a second?

DR. ORRIS: -- argument or whatever did -- (inaudible).

MS. BOWEN: Could you repeat that, Dr. Orris? I don't believe Dr. McCurdy heard the information that you were speaking of on the phone.

DR. ORRIS: I'm sorry.

I just -- in response to David's comment a moment ago -- Mr. Carvalho's comment a moment ago, my questions at the rules meeting were clearly for information for myself. I had trouble finding those definitions in there and then understanding those. They were not criticisms of -- (inaudible).

VICE CHAIRPERSON McCURDY: Okay. So I would move that we -- that the Board forward this rule to JCAR for its consideration.

DR. EVANS: Second.

VICE CHAIRPERSON McCURDY: Further discussion?

All in favor say aye.

RESPONSE: Aye.

VICE CHAIRPERSON McCURDY: Opposed? Abstentions?

And this rule --

DR. ORRIS: David, it's Peter Orris again.

I'm not voting on it because from the current definitions I can't tell if the University of Illinois where I'm employed comes under the Act one way or another. So please record me as not voting.

MR. CARVALHO: Actually, Mark, do you know the names of all the hospitals that qualify?

MR. GIBBS: I do. And U of I is not on the list.

DR. VEGA: Are any board members affiliated with U of I?

MR. CARVALHO: I don't know which board members have privileges where. You might want to just read down the list.

MR. GIBBS: Well, the list is well over a hundred hospitals.

MR. CARVALHO: Maybe the board members want to list where they're privileged.

CHAIRPERSON ORGAIN: Is anyone --

DR. ORRIS: If you record me, David McCurdy, as -- (inaudible).

VICE CHAIRPERSON McCURDY: As what?

MS. BOWEN: Repeat that, Dr. Orris.

DR. ORRIS: I'm sorry. I'm just trying to vote in favor and not withhold my vote for professional privilege. Thank you.

VICE CHAIRPERSON McCURDY: All right. Thank you.

Are we ready to move on to the certification and operation of environmental laboratories, the next rule? And who is going to be discussing -- setting that one up for us in Springfield?

MS. MOODY: Good afternoon. This is Conny Moody with the Office of Health Protection.

And the purpose of this rulemaking is to update the requirements for the operation of environmental laboratories in the State of Illinois, which have responsibilities

realizing the microbiological contaminants that are in drinking water.

The Illinois Department of Public Health Division of Laboratories conducts inspections for certification of approximately 20 environmental laboratories around the state who conduct this kind of testing of drinking water under the Federal Safe Drinking Water Act requirements.

What we are trying to do here, again, is to restructure the rulemaking to make it a little bit simpler on the regulated entities and for purposes of understanding what the inspection process and the certification process will require. And also to adopt changes and updates that were made at the federal level under the Safe Drinking Water Act and also by the U.S. Department of -- the U.S. Environmental Protection Agency.

There were several comments and changes that were recommended by the Rules Committee. And I'm very appreciative of that

review. Unfortunately, the version that you see before you does not include those updates because of a scheduling problem I had with preparing that revised draft prior to this meeting. But I do have the recommended changes from the Rules Committee meeting, and I will be making those changes prior to forwarding this rule to JCAR, if the committee decides to approve this.

VICE CHAIRPERSON McCURDY: Thank you, Conny, for anticipating the No. 1 discussion point.

MS. MOODY: I was on vacation last week. So my apologies for not getting that done.

VICE CHAIRPERSON McCURDY: We've got nothing against vacations.

So -- and by the way, I would say, and other members of the committee may correct me on this, I think all or nearly all of the corrections we proposed were really more typographical and grammatical and so on than

substantive. But it is good to hear that they're still in the hopper.

MS. MOODY: Yes.

VICE CHAIRPERSON McCURDY: Are there any other comments or questions anyone would have for Conny or for the committee before we move in action?

DR. FORYS: I have one comment and I would propose that the Board propose a change in the language on Page 4. It's a definition. And it's says, "parameter means a microbiological organism." And actually a parameter cannot mean a microbiological organism. But the intent of this was to define Page 33, where -- which was struck. And on Page 13, we also have this language which is used in this context correctly.

So that definition no longer is needed in the document, and I would propose that the Board propose that it be stricken. Parameter means a microbiological organism.

VICE CHAIRPERSON McCURDY: So in other

words, we don't -- even if it's right, we don't need it?

DR. FORYS: It's wrong and we don't need it.

VICE CHAIRPERSON McCURDY: So two counts. All right.

Any response from you all at Springfield on that point?

MS. MOODY: No. Thank you very much for catching that. What I will be glad to do is to run a check of the entire rule, including sections that were not amended to make sure that that definition is not necessary for any of the other sections. And if it is necessary, then we will seek to correct it. If not, then I will be glad to delete that in the final version of this draft.

VICE CHAIRPERSON McCURDY: Okay. Thank you.

Anything else by way of comments or questions?

Then I would move that we take

the staff's word at good faith. The changes that have previously been proposed by the Rules Committee will be introduced and that that term "parameters," either the definition or either the need to include it, will be reconsidered, and with those in mind would recommend that we forward this to JCAR with those changes being made.

DR. EVANS: Second.

VICE CHAIRPERSON McCURDY: Any further discussion?

All in favor say aye.

RESPONSE: Aye.

VICE CHAIRPERSON McCURDY: Opposed? Abstentions?

Okay. So we are now on to the last of our rules. And certainly in some ways, the most interesting one about private sewage disposal.

This is one exercise does considerably at our -- and was actually the main occasion for our special meeting on June the 1st

because it came to us a little later in the game. And who in Springfield -- I'm guessing maybe Chad Moorman and Kenneth Runkle. Is either or both of you going to speak to us about this one?

MS. MOODY: No. Chad nor -- neither Chad nor Ken are with us today. You've got me again, Dr. McCurdy. Conny Moody.

VICE CHAIRPERSON McCURDY: All right.

MS. MOODY: And the purpose of this rulemaking is twofold. There were amendments to the state act, the Private Sewage Disposal Licensing Act, that we were required to provide an update to our regulatory requirements. And then the act -- the changes to the act also required the establishment of a new licensing profession for portable sanitation businesses, and also the process in which persons who operate porta-potties essentially, the process for servicing those porta-potties, transporting the waste, cleaning them properly.

So, again, this rulemaking is

largely an update of the provisions within the rule. Some of which were rather outdated and also the incorporation of new requirements from the USEPA and changes to our Private Sewage Disposal Licensing Act.

The Rules Committee did provide a very thorough review of this rule. Again, I'm very appreciative of that. I didn't think that anybody in the Rules Committee would be quite as interested in private sewage as I have become over the last few years working on this issue.

So I really appreciate Dr. McCurdy's, Dr. Orris' and Karen Phelan's very in-depth review. So I thank you very much for that.

VICE CHAIRPERSON McCURDY: Any questions or comments either for the staff or for the committee from members of the Board?

MR. HUTCHISON: This is Kevin Hutchison.

The issue of private sewage

disposal has been a real important matter for local health departments, and I serve as a representative of Local Health Departments Administrators Association.

As Mr. Carvalho had mentioned earlier, there had been lots of dialogues and earlier iterations of this rule, although -- and as it moves forward, our association has not had an opportunity to formally review and comment on it. We will be doing so, but our association does not have any objections to the rule moving forward.

That doesn't mean that we agree with everything that's in the proposed rules. It's just that they can move forward for that public comment period.

VICE CHAIRPERSON McCURDY: Thank you, Kevin.

Other comments, questions?

DR. ORRIS: This is Peter Orris again.

And I have a series of questions that I believe have come up here

before when we looked at this as well in the past and is related primarily to --

Is that okay now, David, or should I wait on it?

VICE CHAIRPERSON McCURDY: I'm sorry. Say it again, Peter.

Well, I would say if they materially affect the action that we would take perhaps. But if the question is whether we should move forward with what we have here as text, to forward it to JCAR, I think that would be the criteria.

DR. ORRIS: Let me say my continued problem with the rule.

VICE CHAIRPERSON McCURDY: Okay.

DR. ORRIS: It primarily stems from Page 83.

VICE CHAIRPERSON McCURDY: Go ahead.

DR. ORRIS: The content of the educational process for the Political Sanitation Technician is strive (phonetic). There's no specification as to a content related to any

health and safety matters, either infectious or otherwise for the technician. And following that -- and I asked questions concerning whether or not we can also handle this rulemaking process of some approach to definition of necessary health and safety specifications for the job and vaccinations or whatever. And I didn't receive any clarification of that.

There was a question about whether or not, you know, we can act now or we will cover that. And whether the Department of Public Health was allowed to -- (inaudible) -- be on that.

So I guess I remain with the two types. First type being can we not specify more of a content to this examination that relates to the protection of these workers as well. And the second thing is can we not specify some health and safety qualifications skills for these workers in this program.

MS. MEISTER: We've done some background research on this.

CHAIRPERSON ORGAIN: You need to state your name, please.

MS. MEISTER: This is Susan. This is Susan Meister, the Rules Coordinator.

We've looked into this issue since that meeting, and we have Kevin Jacobs here today who's an attorney on our legal staff, and he's going to speak a little bit to that issue.

MR. JACOBS: Thanks, Susan. This is Kevin Jacobs. I'm the Assistant General Counsel for the Department.

And this is an issue involving preemption questions. There are actually -- there's actually an Illinois Supreme Court case as well as the United States Supreme Court case that says the Federal OSHA law preempts any attempt by the State to regulate worker health and safety, unless the State wants to submit to the Federal Government a plan to totally regulate health -- worker health and safety.

And I don't think that that is

what we would be talking about here. This is a very limited area. And as I said, the U.S. Supreme Court case of Gade vs. National Solid Waste Management, which is found at 112 Supreme Court 2374. It's a 1992 case. Justice O'Connor was pretty clear that the court was finding that OSHA preempts State attempts to regulate worker health and safety, unless the State is going to submit a formal plan that has to be approved by the Federal Government. To my knowledge, Illinois has not done that.

VICE CHAIRPERSON McCURDY: So does this mean then that no OSHA standards really address clearly the kinds of concerns that Dr. Orris is raising?

MR. JACOBS: It means that the OSHA standards that are in existence or what would govern and the workers that would be regulated under the private sewage regulations would be workers that are already subject to those OSHA regulations.

DR. ORRIS: I guess I'm confused on a

couple of aspects. The first aspect is much of the infectious disease regulation for health employees in a hospital -- (inaudible) -- such are federal recommendations coming from CDC and are not OSHA regulations, though they have been adopted by OSHA. So that's one confusion, and I would think there would be an application to these workers as well there.

Second confusion, I guess is maybe I'm getting really old in forgetting, but I swear Illinois now has its own State plan. Maybe I am reversing that, but I would -- under OSHA and so declared. Taking over wholesale deals for regulations but calling them to the State. That may be wrong.

And then finally, I fail to see how any of that is relevant to Page 83 J in which we talked about how we're testing the knowledge of the employees and what the course curriculum will include. And we are seeking as specific as formal hand washing, units having disposable waste, etc. And we don't mention

putting on protective equipment or evaluating one thing or another or stated position. I don't understand why we are limited to this stuff in this -- (inaudible).

Thank you. I'm sorry.

MR. JACOBS: To my knowledge --

CHAIRPERSON ORGAIN: Let me respond.

Peter, we certainly respect your knowledge and expertise in this area. However, I would just go back to something that David Carvalho said. That from a perspective of comment, let us take your comments into consideration, and as the process moves on through JCAR, you can certainly add that to it. That does not stop us from moving forward. It just means that you may have more knowledge and can address it more than the Board can, and you are certainly allowed to do that.

DR. ORRIS: Well, it's actually -- Dr. Orgain, I'm only raising this as a member of the Board and its governance, so I will vote on this. But certainly the Board in its majority

ought to act if it feels comfortable acting or to send it on to JCAR, without a question. I'm not in any way questioning that. This -- if I don't have these questions answered though in some more specifics, then I certainly won't go forward as it goes ahead but unless there is some overriding public health reasons or necessities.

CHAIRPERSON ORGAIN: And we certainly respect that and appreciate your input into the process. And I think that everyone will take into consideration your comments because they're very, very good ones. And as the process moves forward, we hope that you will continue to provide that substantive input.

VICE CHAIRPERSON McCURDY: And I would add to that also, and I would hope that IDPH staff will look at this going forward. Will take those things into account also as an informal recommendation beginning from this point.

DIRECTOR ARNOLD: Can I make one other

recommendation. Is the -- the issue that Peter is bringing up is a really good one, especially with this whole issue about BP right now and the Gulf Coast with volunteers running into disaster zones.

We have floods every year. So these sewage systems are vulnerable to having floods and having things actually go into the environment. So what are the standards? It may be under the emergency response portion of everything, but it has to be somewhere about addressing these issues, especially since it's a national high right now.

CHAIRPERSON ORGAIN: And I think what Peter is suggesting is some worker protection.

DIRECTOR ARNOLD: Right.

CHAIRPERSON ORGAIN: And I think that if we take a look at that in regards to the questions that he raised, does Illinois have a plan? I think I heard our legal say we don't, but maybe take a look at that again and see. And if there are some worker protections, some

additional language that could be added to consider that as you move forward.

DR. FORYS: I have a question.

VICE CHAIRPERSON McCURDY: Dr. Forys.

DR. ORRIS: Excuse me. Let me apologize a moment to the group because sitting here looking at -- (inaudible) -- what we see here on the computer is, the clarification is that on September 1st, 2009, the Illinois Public Employee only state plan was improved -- approved. So this only covered state employees and obviously these are regulations for private employees. So I defer to the legal opinion on this. Absolutely.

CHAIRPERSON ORGAIN: Thank you, Doctor.

MR. JACOBS: Doctor, if I could just add, OSHA originally exempts out state employees which is why you saw Illinois adopt that for state employees because they aren't covered under Federal OSHA.

MS. MOODY: I'd like to add from a

program standpoint that we will be happy to look into the concerns that Dr. Orris has raised. I think that the health of workers obviously for any profession is very important.

I would like to point out respectfully that these are the minimum requirements that are necessary for the curriculum for training workers. By all means a business could certainly include additional items of training.

Our curriculum is reviewed by persons with an environmental health background rather than a medical background. So, therefore, we are looking at, again, what are the requirements for the individual who's actually going to be the servicing work -- doing the servicing work.

But we will be happy to take a look at that and to -- I'd be happy to come back to the Rules Committee or to the Board at a later date and time and provide some updates on our research.

DR. ORRIS: I thank you.

And Dr. Orgain, I won't continue this so I think it is headed for the -- and we should not continue to support an approach where training of the new employees is considered to be only how do I hit the nail with the hammer and not what do I do if I hit my finger. I guess a state agency ought to be concerned about the latter as well in our society. Thank you.

CHAIRPERSON ORGAIN: And thank you. We agree, particularly in response to Dr. Arnold's comments as we look at the disasters, and the worker's safety, and the lives that are lost.

So thank you. Your comments are certainly appreciated.

VICE CHAIRPERSON McCURDY: Other comments?

Or Dr. Forys, did you have another comment?

DR. FORYS: I had a question. Does

this create a new certified category of workers or was this certification previously necessary to work in that field?

MS. MOODY: This is a new distinct category that was provided by changes in the State Private Sewage Disposal Licensing Act.

DR. FORYS: Well, it's wonderful we have bureaucracy, but I'm thinking of the mental health of the workers getting recertified every year and fees associated with that. And being in a highly regulated profession, I don't see why we need to so highly regulate these workers. We can protect them without regulating them.

VICE CHAIRPERSON McCURDY: The short answer here, of course, is statutory.

So I would like to propose and I know we have other agenda items to consider -- well, a couple of things.

One is when I went through the changes in yellow in the draft that we received, there were a few places where I still saw typos or other minor errors. And I would like to

propose or rather go through those in detail. There are about four or five. Maybe if Conny Moody and I or Susan Meister and I could confer, we could transmit those after the meeting. But otherwise, in terms of content overall, we could act on this with that proviso. Does that seem reasonable?

MS. MEISTER: Fine.

MS. MOODY: I will be happy to make myself available.

VICE CHAIRPERSON McCURDY: Okay. Then I would move that we forward this rule to JCAR.

MS. BOWEN: Dr. McCurdy.

VICE CHAIRPERSON McCURDY: Yes.

DR. VEGA: I have a question. When you're describing residential sewer systems, is this bringing this just formalizing what is standard for building practices? I mean, downstate is very common to have these systems. So is that -- is this formalizing what is standard for a trade or do people when they change things, are they going to have to upgrade

sewer systems?

MS. MOODY: The -- this takes --

DR. VEGA: This will help the people.

MS. MOODY: Yes. And that is a -- that's a very good comment.

This does take existing rules and regs and updates them. The Department, along with its partners at the local health department level, as you heard Mr. Hutchison describe, are responsible for private sewage disposal systems. So this does not address community supply, which is under the regulation of the Illinois EPA. And then the -- the other piece that is included here that we just discussed with regard to porta-potties, I'll just use the, you know, the common terminology, that is brand new to these regulations.

Does that answer your question?

DR. VEGA: Yes. I think I'm just concerned because most of the people who have these systems are not -- if they're not

municipally connected, they tend to be poorer. And so if there is upgrades, I'm trying to figure out how our -- how the farmers down here are going to do this.

MS. MOODY: And I think it's important to note that the USEPA is -- Region 5, which is USEPA, which governs Illinois and other states within that region, because of the Federal Clean Water Act, they would really like to do away with subsurface discharging systems altogether for environmental purposes.

It has been the Department's position when we have talked to the state legislature that there are areas of the state where that is the only type of system that may be applicable. And so we continue to fight that battle to ensure that balance of what is suitable for a particular area with regard to the soils and the soil system structure, what's also economically feasible for the residents of that area. So that is a battle that we continue to fight in the legislature.

DR. VEGA: Thank you.

MR. HUTCHISON: This is Kevin.

Just a comment, Dr. Vega's questions were well placed. And I think this is one of the issues that as Mr. Carvalho mentioned earlier, there have been ongoing dialogues and discussions about this matter for, I think, years. And at least in my view I think there's an issue between the relationship with USEPA Clean Water Act, the Illinois Environmental Protection Act, and the role of local health departments as agents of the Illinois Department of Public Health.

So we have not only two different state agencies working on this, but you have local governments involved as well as the feds.

It is a very, I think, important public health issue. That -- and it's not withstanding the impact -- economic impact on the property owners and economic development resale of property, but also workload and cost

to the local health departments who would be carrying out these responsibilities.

So this is a very, very convoluted issue. I think it's a very important issue. Again, these rules in earlier iterations of the draft, our association as we have content input on this, I think it's a point in time -- it's my understanding that there is value of this moving forward to the formal JCAR process.

Again, our association, the local health departments and those other professional environmental health associations represented in the room here today that are key stakeholders into this and have, I think, a lot of concerns.

I've had an opportunity to see some of the USEPA's concerns. They don't think it goes far enough. We may think it goes too far, but somewhere I think the overarching issue has to be what's good, sound, evidence-based public health practice for protecting the groundwater for the health of individuals. And

in balancing that out against what is reasonable for employee safety.

I think also for the cost impact and economic development and for places where people can live where they are not served by a municipal water system governed by EPA.

CHAIRPERSON ORGAIN: Well, I think you've summed it up pretty well.

VICE CHAIRPERSON McCURDY: There you go.

So let me go ahead and try again. I want to move that we forward this to JCAR with the proviso that we will submit some minor changes that need to be made and also I would hope that the informal, this will not be part of the motion necessarily, but informally to attend to the kind of concerns that Dr. Orris and others have raised here today.

So that's my motion.

DR. VEGA: Second.

VICE CHAIRPERSON McCURDY: Further discussion?

All in favor say aye.

RESPONSE: Aye.

VICE CHAIRPERSON McCURDY: Opposed? Abstentions?

DR. ORRIS: I abstain, David. It's Peter Orris.

VICE CHAIRPERSON McCURDY: Okay. Thank you.

So that concludes our rules, the four that we have. I don't believe the Rules Committee has any further business that needs to be discussed today.

So with that, let's move on to the rest of the agenda.

DR. EVANS: Madam Chair, if we have a moment, I was asleep at the switch earlier. I was not included in the meeting summary although I am noted in the longer narrative. So I guess I didn't rise sufficiently to the occasion to be quoted in the meeting summary, but I was certainly there.

CHAIRPERSON ORGAIN: So Cleatia --

DR. EVANS: That's on 11 -- March 11th. March 11th.

CHAIRPERSON ORGAIN: So Cleatia, if you could please add Dr. Evans to the meeting summary for attending --

DR. EVANS: Thank you.

CHAIRPERSON ORGAIN: -- our last State Board of Health meeting.

MS. BOWEN: Will do. Thank you.

CHAIRPERSON ORGAIN: Thank you very much.

MS. PHELAN: I do have a question about the rules summary on Page 3.

I guess I'm concerned about the fact that most of them are summarized, but I was under the impression that Mr. Simmons actually read his statement.

Is that correct, Cleatia?

MS. BOWEN: He read, but I wasn't able to get all of it. And then what I couldn't get as far as he read, I had to summarize. So that's why I put in there it's not a verbatim

transcript in terms of what he read.

He read some of it, but I wasn't able to get all of it.

VICE CHAIRPERSON McCURDY: And she did not have a copy.

MS. BOWEN: And I had to summarize. And I had to summarize. And I did not have a formal copy.

MS. PHELAN: Okay. I guess I was just very concerned with the last sentence there. "This is the process by IDPH excludes the local health departments and the input they may provide."

VICE CHAIRPERSON McCURDY: And what's your concern? What would you like?

MS. PHELAN: That maybe that should be quoted, if that's what he said.

CHAIRPERSON ORGAIN: But that's not accurate.

MS. PHELAN: Exactly.

MS. BOWEN: Excuse me. Mr. Simmons is available here at the meeting and I just need to

ask him.

Which part are you concerned about, Karen?

MS. PHELAN: It's the second to the last sentence.

MS. BOWEN: The second to the last sentence I have here.

MS. PHELAN: "The process by IDPH excludes the local health departments and the input they may provide."

CHAIRPERSON ORGAIN: In other words, if that is his statement, then it needs to be a quoted statement.

VICE CHAIRPERSON McCURDY: Well, the rest of it isn't and see that's the problem.

MS. PHELAN: Was that a quoted?

VICE CHAIRPERSON McCURDY: Is that an accurate reflection?

MR. HUTCHISON: Why can't he give us a copy of his comments?

CHAIRPERSON ORGAIN: Cleatia --

MS. BOWEN: Yes.

CHAIRPERSON ORGAIN: -- if he is there, is it possible that he can give us a written -- the written statement from which he read?

MS. BOWEN: Mr. Simmons has agreed to provide me with a copy of the written statement that he read.

CHAIRPERSON ORGAIN: Perfect. And so what we will do is amend the meeting summary accordingly so that it accurately reflects his comments.

MS. PHELAN: Thank you.

VICE CHAIRPERSON McCURDY: Now we can move on.

MS. BOWEN: Thank you.

MR. CARVALHO: Steve Mange is with us, although he has to leave in about seven minutes. So let me just introduce him with a comment.

You've all probably heard the joke about, yes, Mrs. Lincoln, but other than that how was the play.

And so as Dr. Arnold said, you

know, other than the budget, which the legislature really didn't address, they did address some substantive things. So I guess this is the rest of the play. Steve.

MR. MANGE: Yes. Thank you very much for the opportunity to talk to you for a few minutes. The last time we talked I think I was reporting kind of midstream about some of our legislative initiatives.

And I have provided a handout. Cleatia, were you able to provide that to everyone?

MS. BOWEN: Yes. I have it here. Everybody has it.

MR. MANGE: So I hope you all have a handout called IDPH Legislative Initiatives.

And, you know, I completely agree with Dave that really the big picture here is the budget and the really grave threat that it poses to -- to everything we do. But in the shadow of those budget problems we were able to, I think, do some useful things through the

legislative process this past session. And I have summarized these in this handout.

And so, obviously, a very large and significant peace of legislation was the Nursing Home Reform Legislation. You know, my shop actually was not as involved in that as the Assistant Director, and Dave Carvalho and our health care regulations folks. But it certainly was a step in the right direction.

We did get some changes -- some good changes related to the Structural Pest Control Act, as well as Senate Bill 3057, the Swimming Facility Act.

Senate Bill 3780 transfers the Diabetes Prevention Program from DHS to DPH.

House Bill 5076 allows us to continue sharing data under appropriate restrictions.

House Bill 5183 was a very, very hard fought bill. A lot of negotiations over many months to kind of modernize the EMS Act. Increase certain fees that allow us to

continue offering a state EMT exam. That bill was a lot of work and we're very happy that it did pass both houses.

And finally, House Bill 5565 creates the Implementation Coordination Council for the SHIP.

And so we did get those seven bills through. They have -- they all either have gone to the Governor's desk or will soon. We anticipate that he will sign them all, and so that's kind of the wrap-up of the legislative session.

I sometimes get the question kind of what -- what do we do in governmental affairs when the legislature is not here? In other words, what do we -- what are we looking forward to doing this summer and fall? And a lot of what we try to do is to invest. Kind of make -- make some investments that we anticipate paying off during the legislative session.

So we try to spend a lot of time building relationships with legislators;

going to their health fairs; building relationships with some of the advocates and interest groups that we work with routinely, you know, such as the IPHA, and groups like that.

We are also trying to overhaul a lot of our internal tracking systems that we use to develop physician papers and track legislation. And actually, we're doing some work just on our own internal relationships. We're setting up some meetings between my governmental affairs shop and each of the different offices.

Both kind of have a wrap session about how the legislative session went. But also to actually sit down and ask each office to give us kind of a formal overview of all their activities, so that we can be sure we are able to spot legislation of interest to each office and do our jobs better when the next session rolls around.

So that's kind of where we've been and where we're going. And I'm curious if

anyone has any questions or comments.

MR. CARVALHO: Steve, let me add one other bill that we weren't directly involved in but as a matter that came up earlier today, and so I know that the committee has an interest in, and that was the Health Information Exchange Implementation Bill.

As you may recall, I reported to you several years ago that the legislature adopted legislation to facilitate health information exchange implementation in Illinois, and then Governor Blagojevich vetoed it and Representative Hamos decided not to move forward at that time.

Well, a lot's changed since then, both in terms of the Governor, but also in terms of the legislative layout and the federal scheme. And so that bill was revised and was adopted and now has passed.

And so the Governor's office has created the Office of Health Information Technology in the Governor's office. And both

HFS, Department of Public Health, as well as a variety of public and private stakeholders are now going to be moving forward with that health information exchange implementation.

In fact, one of the committees met this morning at the same time as you, and I suspect that's probably where Elissa was and where I was supposed to be too, but you're more important to me.

So that passed and then that's going to be a real good step for health care in Illinois and public health as well. Public health is being very well represented and involved and I'm making sure that the health information exchange doesn't simply facilitate the provision of health care, but also facilitates the practice of public health.

DIRECTOR ARNOLD: And also, there's one bill for the Chronic Disease Task Force under Delgado. Is that the same or is that different?

MR. CARVALHO: That was a couple years

ago.

MR. MANGE: Yes. That bill -- pardon me, Director.

That bill essentially -- it mostly actually -- it was brought -- it was not our initiative originally. It dealt with the makeup of the Chronic Disease Task Force.

The actual final form of that bill really all it did was to extend the deadline. But I think it added the Public Health Advocate Quentin Young to the task force, and then it also extends the deadline to the end of the year. The task force, which should be having its first meeting soon to actually report back to the Governor and the General Assembly.

DIRECTOR ARNOLD: Okay.

VICE CHAIRPERSON McCURDY: I have a question about different legislation, which is SB3047. I think that's the one about in health -- something like Health Care Reform Implementation Act. I may be wrong on the title.

MR. CARVALHO: Oh, yeah.

Actually, you know, that does affect us. We had -- I think Steve focused on the ones that we initiated.

But that one, if you recall, there used to be -- well, there was something called the Health Care Justice Act that created the act for Health Care Task Force, which was an initiative of then Illinois Senator Obama for Illinois to develop its own universal coverage plan for Illinois.

And I staffed that and Elissa staffed that. And a plan was actually developed which is very similar to what was done on a national level, frankly, a mandate with a subsidized product and reforms to it, insurance law and all that. Unfortunately, it had a three and a half million dollar price tag, and the Governor proposed gross receipts tax to pay for it. And it crashed and burned.

But to implement the -- to facilitate the implementation of national health

reform at the state level, a member of that task force who later went on to become a state senator, David Koehler, the Adequate Health Care Task Force as a vehicle for over monitoring and providing input and direction on that implementation in Illinois.

And so -- and if I remember right, I think we're still charged with supporting the activities of that as well. So the Adequate Health Care Task Force is a -- is likely to come back.

VICE CHAIRPERSON McCURDY: With a new name?

MR. CARVALHO: Yes, with a new name.

It always -- I remember it was one of those after it -- after it was passed we all looked at each other, Adequate. Who came up with this? But that was -- the Campaign for Better Health Care chose it and they're the good guys, and so, you know, we all stuck with the name. But you're right, a new name.

CHAIRPERSON ORGAIN: So I'm going to

repeat what I said earlier about the Oregon Health Authority and the patient centered primary care home. So as we take a look at that and take a look at how everybody is implementing National Health Reform and our State Health Reform since they are quite similar. And so thank you for that question.

I want to take a step back. Are there additional guests that have -- that have joined us for this meeting in addition to Mr. Simmons?

MR. HENDERSHOTT: I'm John Hendershott with the McLean County Health Department.

MS. JOHNSON: And I'm Jane Johnson with the Pike County Health Department.

UNIDENTIFIED SPEAKER: And Rick McGuire who is the president of the on-site Waste Water Professionals was here. He had to leave.

CHAIRPERSON ORGAIN: Thank you.

MS. BASSLER: Elissa Bassler from the Illinois Public Health Institute.

CHAIRPERSON ORGAIN: Okay. So those are the additional persons who have joined us that need to be recorded as being present for this State Board of Health meeting.

Okay. David.

MR. CARVALHO: Okay. I think we -- that's pretty much it for the legislative update. There were miscellaneous bills that we did not initiate that we opposed.

There were a handful of bills, very small handful of bills that we initiated that did not pass. And, of course, the legislature, if they come back, could act on anything that was pending when they left. So they are likely to come back for any substantive legislation. But if they do come back for the budget, it's conceivable that other things that could not get final action, could get final action. So Steve and his staff will be monitoring all that, and we'll be reporting to you at the next meeting.

CHAIRPERSON ORGAIN: Thank you.

Are you finished with your report?

MR. CARVALHO: I am finished. Yes.

CHAIRPERSON ORGAIN: Okay. All right. Then that concludes David Carvalho's report, and now we'll hear from Elissa Bassler who's joined us.

MS. BASSLER: And I'm very appreciative of you pushing me back on the agenda so that I could go to that HIE Public Information Exchange meeting as well. I had -- I'm double and tripled booked on things sometimes these days.

So the State Health Improvement Plan -- the last meeting of the State Health Improvement Planning Team is tomorrow in lieu of the Blackhawks parade at the end of the parade route. So I just don't know how well that's going to go. Trying to figure that one out.

You know, Randolph and Michigan. How much -- you know, all the Grant

Park garage where everybody would park and everything.

The substance of the plan doesn't matter. How the heck we're going to get anybody there is really all I'm concerned about today.

MR. CARVALHO: When we're all finished with the program we'll be happy to come.

MS. BASSLER: Maybe that's what I should do. I should bill it and stop by the parade, and then come to the planning meeting.

So the last meeting is tomorrow. Over the last course of the last month or so we had those three public hearings for the State Health Improvement Plan.

And Karen Phelan was at all of those meetings and Dr. White had came to one, and Dr. Evans came to one, and Dr. Arnold came to one, and Kevin Hutchison was at one. Well, there weren't that many. Some of those were two of those people at one meeting. I'm sorry. It sounds like there were a lot of meetings. There

were only three.

But anyway, we had great participation from members of the State Board of Health at all three of those meetings, and then -- as well as some members of the State Health Improvement Planning Team were able to attend some of those meetings as well.

So the draft is still the same as it was when it went out for public hearing. And the work of the meeting tomorrow is to incorporate any changes that the planning team feels it wants to make as a result of those public hearings.

So we've done a sort of an analysis or list really more of the recommendations that we heard from the testimony. And I know we've provided a little bit of, you know, options of how the planning team might want to deal with those. I think as you know they're not obligated to deal with everything or anything that is heard in the public hearings, but we have tried to share

everything that we heard as far as things that were recommendations.

There was also a lot of testimony that was, here's the problem, here's this, here's that, we like this, we like that. And there just isn't time to deal with all of that. So I've tried to boil it down to just what was recommended as changes. So the team will do that tomorrow.

And then the other thing that the team will do, if you recall in the plan the -- there were what we call the cost-cutting issues, and one of those was health care reform. And how can we leverage health care reform to implement or support the development -- the implementation of the State Health Improvement Plan.

So the team will also look at a report by strategic issue of sort of an analysis of the health care reform law relative to what we had said in the meetings prior about health care reform and what the goals and

objectives are of the -- of that strategic priority and try to update that section of each strategic priority so that it reflects the actual bill that passed. So those are the two things.

And I will say Dr. Orgain that, you know, sort of one of the key issues -- it's talked about at several places in the plan -- is this issue with medical homes. I think there's an important need as the new legislation around Health Care Reform Implementation Task Force or whatever it's called is implemented, and the implementation coordinating council for the State Health Improvement Plan to look at where those overlaps are, and make sure that that implementation group is able to, you know, understand what's in the State Health Improvement Plan and then work around implementation.

There's a lot of recommendations about the implementation of health care reform in this plan and that should

help to inform that -- remaking that Health Care Task Force and vice versa, I think. So I just wanted to say that.

So it has been such a privilege to work with the Department of Public Health on putting this plan together, and with such really fabulous members of the State Health Improvement Planning Team that have put in so much effort. We're excited about the outcome. The time was short so it's not as detailed.

There's a lot of work for that implementation team, I think, to do because there's a lot of sort of figuring out what the action steps are that is the next stage of that. And that's what the implementation team will -- will be able to take the next step with that, I think. So that's great.

VICE CHAIRPERSON McCURDY: Is it a certainty that there will -- that an implementation team will be appointed?

MS. BASSLER: Well, the law passed. So presumably, you know, the Department

advocated for a law to create the coordinating council. It's -- the law is written so that it's in the State Board of Health law, just like the SHIP team is. So it will have some relationship to you all. So assuming that the law is signed, then I would guess that that would be made the implementation coordinating council.

CHAIRPERSON ORGAIN: I want to make sure that everybody is aware that you can go to the website to get the final draft of the plan and please read that. I know that from a perspective of implementation, part of the discussion that started with this particular activity was how many people actually had an opportunity to read it, how widely did it get disseminated, and that is part of the challenge to make sure that stakeholders take a look at it. Read it.

Even though the activity is going to go on tomorrow for additional comments, it clearly needs people to invest in the time,

you know, to read it, digest it, use it, etc.

DIRECTOR ARNOLD: And I think that's a -- but I want to commend Elissa for what her team has done. IPHI has been phenomenal.

This is a lot of work. It's not an easy task at all, and I think we -- the SHIP came back above the water about two years ago. I think it started really working. But very, very good -- very, very good work has been done.

And, you know, as we talk about the medical homes, you know, I grew up in a very impoverished area in New York City. And one of the things that I want to make sure is that we don't create medical homes that are number takers; that they are not actually supplying the kind of care that people need.

You know, as a result of that my grandmother died. Someone gave her a blue pill, which is a beta blocker to an asthmatic, and she didn't recover from that. So in the communities these things could have real

consequences in people's lives.

So as we implement things, it has to be done with people's lives, and their concerns, and with compassion, and making sure that these programs actually are directed at decreasing morbidity and mortality. That we can't just simply shift people around like cargo. And that it's going to take everyone to be involved in it.

Because Elissa has actually put it really with the -- IPHI has, you know, involved a lot of the stakeholders from the private sector, and this is going to be something that's a massive undertaking. That people have to figure out how do we fit together. You just can't throw pieces together and say "go", you know.

So as you -- as this is being developed, you have to have some patience, and it has to be done in a correct way. This -- you know, to stop the morbidity and mortality.

I mean most of us were

clinicians who have been, you know, standing around patient's bedsides and holding their hands when they die have realized the failure of the health care system as a stage for social disruption that people are coming in from.

And so I just put that word of caution that it must be a thorough process and actually address the underlying problems.

CHAIRPERSON ORGAIN: Did you have any additional comments?

MS. BASSLER: No.

MR. CARVALHO: It occurs to me, especially with newer members, is that expression about, you know, failure is an orphan and success has a thousand mothers.

But the SHIP actually by design has a thousand mothers. And so you want -- if those of you who don't know, there's a statute that calls for a SHIP to be developed. It charges you, the State Board of Health, with overseeing it. It charges Dr. Arnold with appointing the planning team. So this planning

team that brought all these people together, actually, you appointed them. So you pulled them together.

It charges the Department with supporting the activity. But the way we supported the activity was to contract with IPHI to run this process with Mary Driscoll, who isn't here today, providing your departmental oversight.

So, actually, it was with that coordination of the Director's Office, State Board of Health, outside vendor, but not just any outside vendor, the Public Health Institute and the Department pulling it together.

Now, we didn't come up with a jazzy name. That took Dr. Forys with today's suggestion. But the key new addition is with the legislature's help and the implementation team and the involvement of the Governor's office. Those of you who went through the first round know the difference of how this works. The Governor's office wasn't interested and how

much work and now the Governor's office is interested in public health.

DIRECTOR ARNOLD: I think IPHI really put together -- you know, this platform I think is really a platform to make the state No. 1 really. And we had the things like Dr. Orgain was mentioning, the Oregon Plan. And so, you know, looking at all these plans that are out there, whatever the best pieces are, put them into place to make sure that this is a workable product. But always keep in mind the person who is actually receiving the services.

Because one of the things I learned with H1N1, many people were saying, well, you know, it makes scientific sense for you to get the vaccination. And also, you know, so if you don't want to take it, either you're just misunderstanding the information you are given or you have some kind of list of ideas that are incorrect; that you're working on myths.

But, you know, look at the

laborer who works eighteen hours a day, has three kids, and a wife who has a breast mass that cannot go -- she has no access to care for a diagnosis and treatment. And in this person who's the laborer has diabetes and hypertension and was told in the ER he had to go to a local health department that's 40 miles away, that's open from 9:00 to 5:00, what will that person do? And then you walk up to them and say take this shot that could put you in the hospital, but you have no access to care.

That's a reality. We have always got to be in touch with what the reality is of people we are helping. That's all.

CHAIRPERSON ORGAIN: Any questions for Elissa?

VICE CHAIRPERSON McCURDY: Who will be responsible -- and you may have actually said this but I missed it.

Who will be responsible for the implementation team? Does it have many mothers also or will it have one or two?

MS. BASSLER: Well, I think that -- I don't think that the Department has had -- the Department is responsible for it, the implementation team. And exactly how that will be facilitated I think is not yet decided. And I think it's the Director who appoints the implementation team, right?

MR. CARVALHO: Yes.

MS. BASSLER: So the Director does the appointing and then the Department is responsible for facilitating.

DIRECTOR ARNOLD: And I think it's really going to take a big effort. We talk about this meta leadership concept all the time and silos and all those things. But silos end up, you know, a kid dying tonight, someone not getting access to care, and it doesn't work. They don't work.

And, you know, this is really an example of where these partnerships are critically important to put the systems in place that you need to be working. We can't go on to

the real issues that we need to go on to because we are looking at an infrastructure that's in disrepair.

DR. VEGA: Javette, this is Tim Vega.

CHAIRPERSON ORGAIN: Yes.

DR. VEGA: And I just want to -- with Dr. Arnold bringing that up, that's the world that I live in as a family physician. So I appreciate rethinking this from a patient's viewpoint rather than from the silos.

For one thing that I have seen within the -- I believe it was the Illinois Health Institute Strategy or Strategic Planning Group that was maybe a year ago or something like that. That the total disconnect between the public health world -- and I don't want to say total -- but a huge disconnect between the public health world and the medical minister, you know, in the medical world.

And that we can't solve it unless you build in those interconnectivities so that there's no differentiation between a public

health office and the local clinic down the road or a physician's office; that they're all interconnected so that people don't fall through the cracks.

DIRECTOR ARNOLD: I understand what you're saying. That it be some kind of innate checks and balances to make sure that people aren't falling through the cracks.

CHAIRPERSON ORGAIN: Well, I was waiting on Peter to comment.

MR. CARVALHO: He might be gone.

CHAIRPERSON ORGAIN: I'm teasing you. But if you're gone, okay.

Thank you, Tim. I think that is reflective of what we talk about individual versus population size, and we need to make sure that we definitely do include public health as an integral to community health.

Okay. With that -- I think that there's only one other -- additional item on the agenda, and that's committee meetings.

I believe that we need to move

forward with setting some times for that. I think the committees can do that on their own. Okay. The committee chairs.

VICE CHAIRPERSON McCURDY: I think I'm missing the point. Because we have scheduled committee meetings for the remainder of the year.

CHAIRPERSON ORGAIN: So what we'll do is send out the dates for any of those committee meetings.

MS. BOWEN: Yes.

CHAIRPERSON ORGAIN: Please.

What I'd like to do is a Paper Work Reduction Act and ask people to bring their laptops with them to meetings so that we can stop producing all this massive paper.

Any disagreement with that thought?

VICE CHAIRPERSON McCURDY: I don't have a laptop.

CHAIRPERSON ORGAIN: So we have one member who needs paper and everybody else can --

DR. FORYS: I have a laptop, but the battery doesn't work.

UNIDENTIFIED SPEAKER: All we need is electricity.

CHAIRPERSON ORGAIN: So we'll ask -- so we'll get electric strips and we'll ask members to get their batteries before we come back to the next meeting.

And so Cleatia, you and I will talk about paperwork reduction.

Okay. All right.

If there's nothing else to mention or do, move for adjournment.

DR. EVANS: So moved.

CHAIRPERSON ORGAIN: All right.

Any disagreement? Consensus. Thank you very much.

(WHICH WERE ALL THE PROCEEDINGS HAD IN THE ABOVE-ENTITLED MATTER.)

STATE OF ILLINOIS)
)
COUNTY OF C O O K)

I, DONNA T. WADLINGTON, a Certified Shorthand Reporter, doing business in the County of Cook and State of Illinois, do hereby certify that I reported in machine shorthand the proceedings in the above entitled cause.

I further certify that the foregoing is a true and correct transcript of said proceedings as appears from the stenographic notes so taken and transcribed by me this 28th day of July, 2010.

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DONNA T. WADLINGTON
CSR #084-02443