STATE BOARD OF HEALTH

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

DIRECTOR'S CONFERENCE ROOM - 5th FLOOR

535 WEST JEFFERSON STREET

SPRINGFIELD, ILLINOIS

Court Reporter:

Jennifer L. Crowe, CSR

Illinois CSR #084-003786

Midwest Litigation Services

15 S. Old State Capitol Plaza

Springfield, Illinois 62701

217-522-2211

1-800-280-3376
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CHAIRPERSON ORGAIN: I want to thank everybody for coming this morning. You got all of the e-mails in regard to going paperless for those of you who could go paperless?

UNIDENTIFIED: Yes, we did.

CHAIRPERSON ORGAIN: So we will see how this works. You can give us some feedback. We are going to continue to try to do this. This will be the first meeting for going paperless and I'm going to queue up.

MS. BOWEN: Dr. Orgain, before you begin, I have the court reporter here that would like everyone to identify themselves clearly so that she may get their names correctly, and if you could try to look into the camera face there. Thank you.

CHAIRPERSON ORGAIN: Thank you. I think we might be a little off center for us, but can you see everybody who is at the table at least?

MS. BOWEN: We can't see Dr. Evans.

DR. EVANS: I'm always a bit off center anyway, so --

MS. BOWEN: There we go. That's a lot better. Perfect.

CHAIRPERSON ORGAIN: We also have some
students from the University of Illinois School of
Public Health. Do you want them to identify
themselves as well?

MS. BOWEN: Yes, please, so they can be
included in the minutes.

CHAIRPERSON ORGAIN: So what I will do is
I will start with the students, and they can introduce
themselves, and I would ask them to speak loudly.

(Unintelligible)

MS. BOWEN: We can't hear her. If she
could write her name down, Dr. Orgain. You could
email it to me or either give it to Harold.

CHAIRPERSON ORGAIN: There is a sign-in
list. We do have a sign-in list.

MS. BOWEN: Thank you. I will get the
sign-in list for you.

MS. OLADEINDE: I'm Elizabeth Oladeinde.
I'm from the School of Public Health, Health Policy
and Administration Division.

CHAIRPERSON ORGAIN: Okay. I think you
think that's loud, but I'm going to ask you to --

MS. MASSENGALE: Hi. Lisa Massengale, UIC
School of Public Health, Public Health Informatics.

MS. POLUTNIK: Hi. I'm Chloe Polutnik
MS. CARNAHAN: Hi. Leslie Carnahan. I am from the School of Public Health, Community Health Sciences.

MS. KHAN: Hi. I am Sara Khan from the School of Public Health, UIC. I am an environmental occupational major.

MS. SHAH: Hi. My name is Amy Shah. I am from the School of Public Health at UIC, Community Health Sciences.

MS. SITAL: Hi. I'm Shelly Sital. I'm from the School of Public Health as well. I am in the Health Policy and Administration Program.

MS. O'ROURKE: My name is Kerry O'Rourke. I am also a student at UIC in public health.

CHAIRPERSON ORGAIN: Dealing with the agenda in front of us, introducing our new State Board of Health members. I will begin.

MS. SANDERS: Hi. My name is Babette Sanders. I am a physical therapist, and I am faculty at the Physical Therapy and Human Sciences Program at Northwestern University.

DR. SCHNACK: Good morning. My name is
Dr. Monica Schnack. I'm a chiropractor in private practice from Normal, Illinois.

CHAIRPERSON ORGAIN: Thank you very much.

Cleatia, who is on the phone?

MS. BOWEN: Who is on the phone? Hello?

This is who? Hello?

DR. VEGA: This is Tim Vega.

MS. BOWEN: Hi, Dr. Vega, Dr. Kruse and there was one more.

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

MS. BOWEN: Thank you, Elissa. It is Elissa Bassler, Dr. Orgain.

CHAIRPERSON ORGAIN: Thank you very much.

I believe we have a quorum.

MS. BOWEN: Yes.

CHAIRPERSON ORGAIN: Okay. So we will begin.

MR. CARVALHO: This is Dave Carvalho from the Department of Public Health. I don't -- I may be just not looking right. Where is the court reporter?

MS. BOWEN: She is in Springfield.

MR. CARVALHO: Oh, off camera?

MS. BOWEN: Yes, off camera so she can
DR. SAHLOUL: This is Dr. Sahloul. Good morning.

MS. BOWEN: Oh, good morning, sir.

DR. SAHLOUL: How are you?

MS. BOWEN: Just fine. Would you introduce yourself? I mean say your name again, sir.

DR. SAHLOUL: It is Dr. Mohammed Sahloul.

MS. BOWEN: All right. Thank you.

DR. SAHLOUL: Thank you.

MR. CARVALHO: If I could remind everybody for the court reporter's benefit to precede their comments with their name unlike what I just did. This is Dave Carvalho.

CHAIRPERSON ORGAIN: For the benefit of our guests and new members to the Board, it would be helpful for everyone else to identify themselves. I'll begin. I am Dr. Javette Orgain. I'm the Chairperson for the Board.

REVEREND McCURDY: I am Dave McCurdy. I am Vice Chair of the Board and also Chair of the Rules Committee.

DR. ORRIS: Peter Orris. I am an environmental and occupational health physician at the
University of Illinois at Chicago.

DR. EVANS: Caswell Evans, member of the Board.

Ms. PHELAN: Karen Phelan. I am a member of the Rules Committee and the Chair of the Policy Committee.

CHAIRPERSON ORGAIN: Springfield?

MR. HUTCHISON: Kevin Hutchison. I'm Director of St. Clair County Health Department representing local health departments, member of the Policy Committee.

DR. WHITELEY: Herb Whiteley from the College of Veterinary Medicine, University of Illinois in Urbana.

DR. SCHNACK: Monica Schnack, chiropractor.

MR. TAYLOR: Mathieu Taylor. I am an intern with the Center of Rural Health.

MS. CASPER: Julie Casper, Center for Rural Health.

MR. JONES: Don Jones, Center For Rural Health.

MR. MEISTER: Susan Meister, IDPH rules coordinator.
MS. ATTEBERRY: Paula Atteberry, EMS and Highway Safety.

MS. BOWEN: Cleatia Bowen, IDPH Governmental Affairs.

All those on the phone, please say your name.

DR. SAHLOUL: Mohammed Sahloul. I am a member of the Board.

DR. VEGA: This is Tim Vega. I am attending physician for Business and Community Health for OSF Medical Center in Peoria.

MS. BASSLER: Elissa Bassler. I am a member of the Illinois Public Health Institute.

and a member of the Board.

DR. KRUSE: Jerry Kruse, family physician.

I represent medical schools.

CHAIRPERSON ORGAIN: We will continue on with the agenda, and persons who will arrive later, we will have them sign in.

The next agenda item, the approval of the meeting summary. For new members, we typically vote by consensus. So if there are no additions or corrections to the meeting summary, any? All right. So by consensus we approve the meeting summary from June 10th, 2010.
We are waiting for the Director for the next agenda item, and we will introduce another guest. Please tell us your name.

(Unintelligible)

MS. BOWEN: Dr. Orgain, we didn't hear the name.

MS. KING: Judy King, community member.

CHAIRPERSON ORGAIN: Are we good? Judy King.

MS. BOWEN: Thank you.

CHAIRPERSON ORGAIN: Thank you very much.

What I would like to do -- okay. Here is our director.

DIRECTOR ARNOLD: Okay. So good morning, everyone. We have to go over the current things from the last meeting. I know -- you went through the minutes already?

CHAIRPERSON ORGAIN: We did.

DIRECTOR ARNOLD: Really? Oh, okay. So we are facing a challenging time now. I was talking to some people yesterday. We were going over some of the issues about the health care reform itself and what that is going to mean for the, you know, the entire health system with the Patient Protection Act
with Title IV and V particularly.

We were talking about the issues, about workforce development under Title V and also prevention wellness under Title IV. I kept stressing again and again that with wellness and prevention pieces of this legislation being pushed forward within the communities, we are facing a tidal wave that we will not survive.

Quite clear that right now we are facing things like obesity, tobacco use, the effects of those things in the community, the HIV issues. These things are not going to go away. If we have a treatment focus type of viewpoint exclusively, we keep looking at everything in this lens of treatment, we are going to be in trouble. We are not going to be able to get enough workforce numbers, we are not going to have enough places or institutions to treat people. We are talking about, about potentially doubling the number of people who are insured, and the question is do we have the places to send them.

So that was one of the issues I brought up.

There was a meeting yesterday IIT, and they had some health care providers and several agencies represented there. They talked about some of the health care
Again, the State Health Improvement Plan has been completed. They are looking toward some of the implementation phases of that program which I think is phenomenal. Public Health Department got the diabetes program back. We are pushing for some other components that should be coming over. Things like WIC should be also part of Public Health once again. So we are in ongoing talks about that.

The public health system has been recognized nationally. I have been to several meetings on a national level. The Department of Homeland Security recognizes it in addition to HHS. So we are -- the modeling of the public health system seems to be gaining steam nationally. Most people are trying to model themselves after what public health has been doing traditionally as far as organizational structure. So we have to keep that push going.

We have the APHA meeting coming up as well. Dr. Linda Rae Murray is the Chair for this year for IHA. So that's their anniversary.

We also have the first meeting of the Chronic Disease Task Force coming out. I -- (unintelligible.) We have that particular task force developed. We have
membership on that, and I think it is really
imperative that the Board has some input into the
Chronic Disease Task Force issues, your perspectives
and various disciplines.

MR. CARVALHO: Cleatia, you need to put
yours on mute unless someone there needs to speak.
Otherwise it will keep breaking into Dr. Arnold or
anybody up here.

MS. BOWEN: Thank you.

DIRECTOR ARNOLD: So thank you. So that
Chronic Disease Task Force is now going to be
formulated. I'm the Chair of that currently. That
group is going to be in alignment with the SHIP, and
what we should be following is CDC directives; obesity
number one, tobacco use two, and number three is
injury prevention. So with that, I think they're
really, wide vast buckets, and we can sort of define
that the way we want.

Part of the reasoning behind it -- I spoke to
Dr. Frieden, CDC Director. Part of the reasoning
behind it was to get more flexibility so we can start
really looking at things in a global way instead of
trying to create silos. You know, part of the
arguments we are making from the state health
officials was that you are telling us to break these
silo walls down but giving us funding streams in
silos. How do you want us to break the walls down?
So they are, you know, looking at more creative ways,
more systematic ways.

In fact, that was really one of the reasons
why the state was being hit so hard with the
separation of the diabetes program from the public
health system and keeping and retaining obesity in the
public health program at the department. They were
looking at it, saying well, other states have these
things combined, so, you know, when they come to us to
ask for money, they have a comprehensive view, and if
you are coming to us piecemeal, then, you know, we
have problems. That was separated back in 1999. So I
think we have a way of turning the corner on this and
start to put Illinois in the forefront.

The H1N1 numbers are starting to come in from
last season about where we were. We actually were
state number one out of five, five top states for
population base. We actually went from a vaccination
level of being staked number 36 or 43, I have to
clarify that one, but went up to state number, what we
were looking at is at least 19 percentage wise for
vaccination. We actually did a flip-flop with our seasonal flu vaccination.

We are pushing that campaign again this year to get people to routinize it and also to add to H1N1 in seasonal which is combined with the seasonal flu vaccine. Now one shot for adults. You know, six months to nine years old you still need two. We are making that message so we get that out to the health care system so people realize they have to push that message.

The pneumococcal vaccine we have been doing terribly well for many decades. It is also going to be included in the campaign so we can sort of boost that up as well, you know, get that one, that message out there for the pneumococcal.

The Institute of Medicine also is doing quite a few good things in the background in the state here and also nationally. So -- but they have been doing some -- putting some good programs together that I encourage you really to participate in.

On a national level we actually put a disaster manual out. I was one of the people on the commission for that, put that group together. Our state was really one of the leads in the country. In fact, it
was the only state really mentioned. We have, you
know, groups of people who were there.

We put out a laboratory book. I asked the
people who were in the University of Illinois, SIU to
get together in the labs. So they put the first
laboratory book out that actually talks about
laboratory management. The first one ever. They
actually talked about their whole structuring. It is
about a 250-page book. Light reading for nighttime.
But that book actually talks about laboratory
management for the first time.

So there is some marks that we are making in
the HIV arena as well. Perinatal testing, we received
an award from the CDC as a state for our perinatal
testing abilities. They want to use it as a national
model. So many things that we are doing there that
can be used as a national model.

We have one of the lowest state employee to
population base ratios in the country, if not the
lowest. With that we are still able to do things that
are giving the state a great return investment. So we
have a lot of talented people at the state. It is
just really making sure that we have things aligned
correctly so that we are in a position to accept a lot
of the resources. I believe it is like $15 billion behind Title IV and 640 million so far behind Title V work force development.

So I really encourage everyone really building this workforce. We will not be able to build a workforce fast enough to meet this 2014 deadline. So we are going to have to start thinking about alternative health care strategies as well, really working with community partners. You can't produce a doctor or nurse in two years. You know, you really need to have more of a running time period and also need some background in actual practice so they know, you know, when they go into a community, they have some basis for it. So you have to add those years on.

So in the interim we have to make sure we have some other kinds of health care systems working with, working with our public/private partnerships to make sure that we are putting things in place that will sort of absorb this new addition to the public health care system.

And with that, I don't want to keep rambling, but if there are any specific questions anyone has, please feel free to ask me on any one of the topics that we have.
DR. ORRIS: To follow on -- Sorry, Peter Orris. To follow on the emphasis on the health care reform and its implications over the last several years, has there been any thinking, CHAIRPERSON ORGAIN, about a standing subcommittee of the Board to work with the department on this issue?

It is such a complex bill and things are going to be changing and there are all of these commissions that will be making interim decisions. I would strongly urge us to think about putting together a committee at least the next five years that would --

CHAIRPERSON ORGAIN: That's an excellent question. Maybe we can defer it to item VIII on the agenda which is strategic planning. That's a great question. Great question.

Damon, one question that you mentioned in regards to the issue that we have every year that Walgreens, Target have already been administering the vaccine, and the community health centers don't have supplies yet.

DIRECTOR ARNOLD: Yes.

CHAIRPERSON ORGAIN: How are we going to continue to address that?

DIRECTOR ARNOLD: That's one of the issues
we are really looking at. Of course, it is one of those competitive market issues.

CHAIRPERSON ORGAIN: Yeah.

DIRECTOR ARNOLD: But, you know, when you start looking at the public private partnership balance, if we look at the local health departments, the ones that are in the city, we have done a lot of assessments, been on telephone calls. They don't really get hit as hard as people who are in the rural communities as far as the addition of the monies from administering vaccine to their overall operational budget. So in rural communities they actually rely more on the vaccination supporting their infrastructure.

But in the city itself, the Walgreens and WalMart, we don't administer the seasonal flu vaccine. We actually have -- we don't actually control that arm of things. We have the vaccine for the children's program where we do have direct input into how things are going and being administered, but we don't really work with seasonal flu. Last year --

CHAIRPERSON ORGAIN: The State doesn't?

DR. ARNOLD: The State does not. So last year the state got involved with H1N1 because it was
an emergency umbrella. So that's -- when you have an
emergency situation, we can step in and say this is
how things should go.

What is going to drive this other market is
the issue of who actually has the messaging capability
or the power to get out there to put this message out.

Despite the, despite the agencies being out
there, the Walgreens, you know, we are trying to
develop a partnership with them with the public health
system because they cannot take care of a lot of the
other health care issues. So it may be a win/win for
the public health system if the pharmacies are working
with them to say that you need to follow-up at your
local health department if you don't have coverage.

There will be a certain number of people who
will still be uncovered even with the Patient
Protection Act that will still require that or if
pricing from the -- from their insurance policy is,
you know, looked at as being too high for them, they
will still -- there will still be a need in the public
health system, you know, a safety net for them.

So that collaboration between the pharmacies
and local health departments, we are trying to build a
more collaborative role. It does get the message out
there, and I told them that, you know, if you can go
and switch the market, we have like a 23% vaccination
rate, nationally a 26%. You know, if you can switch
the market and get more people to get vaccinated,
whatever mechanism you are using, push it so people
are protected.

So from a public health perspective it is a
good thing for this to get out there and for more
people, more availability for people and then to have
a tie-in to the health care system, say that you need
to go and get evaluated. If you don't have insurance,
local public health departments are here to assist
you. So we have a balance there.

I know the economic balance -- you know, you
have a private industry that is very adept at, you
know, running market campaigns versus local health
departments. Local health departments are starting to
see the balance between the two.

One of the things that is coming up, some of
the pharmacies have brought to the table they may be
able to cover Medicaid with -- and do the
reimbursement. So we are looking at that very
closely. So Walgreens was coming forward with that
particular issue whether they can cover that.
CHAIRPERSON ORGAIN: As an example of working with local health departments, I would have to describe this is included in that and annually there is a supply and vaccine sites. So I think that that kind of model could work not just for Chicago but for downstate and that's a, that's a federal supply as well.

So that's the kind of thing I am talking about in regards to that kind of partnership so that we can also get it and get it into the community earlier.

DIRECTOR ARNOLD: That's right. I think that balance has to be there. They are aware of it because, you know, the vaccine suppliers look at these big corporations, and if they get in line, they are going to try to push to get things first. We want to make sure that there is still, you know, a somewhat equal distribution of vaccine despite the powers that be.

So they're starting to work together a little better about how things should really roll. They don't want to -- we are trying to make sure they understand that they can't trump these public health systems.

One of the things I told them from the
beginning is that you don't have a statutory requirement to do this. So if you feel this is not profitable, you can walk away from the table, and where does that leave us?

MR. HUTCHISON: Dr. Orgain, I have a question related to this for Dr. Arnold. This is Kevin Hutchison. Good morning, Doctor.

DIRECTOR ARNOLD: Good morning.

MR. HUTCHISON: As you know, last year under the declared emergency for H1N1, there was, I think, very appropriate expansion of practice allowances made for additional persons to administer biologics. I think in some of the ongoing months now that the declared emergency is over, can you update us on the status?

I know there is some issues raised between the Pharmacy Practice Act, Nurse Practice Act, Medical Practice Act in terms of professional regulation on who is authorized to administer flu shots and other vaccines, and there are some issues, I know, with patient/physician relationships and the absence of that.

So I know that's an issue that is policy level, but I think it is a big factor in the
discussion on our capacity to provide services to the 
public.

DIRECTOR ARNOLD: Right. Actually that is 
one of the issues that is certainly -- the pharmacists 
through the Illinois Department of Finance and 
Professional Regulation have, have gotten to a point 
where they can actually have a standing order within 
their pharmacy. With respect to the local health 
departments, the law is silent on it. So it doesn't 
say you can't have a standing order, it doesn't say 
you can. So there is a little bit of difference 
between those two stances.

You know, actually I was looking at the one 
thing from the pharmacies, and it said well, 
pharmacists are able to have a standing order. It 
doesn't make sense to me because the pharmacist always 
has to be there for the pharmacy to be open. So you 
always have to have a pharmacist present when you are 
doing this, so why do you need a standing order? They 
can sign off right there.

For the physicians who -- and providers, the 
practitioners who are out there who have authority to 
administer this vaccine, having a standing order 
there, they don't have a direct, you know, like a
physician/patient relationship or provider/patient relationship. So it is a different kind of arena there. It is still silent on it. So our legal section is still working very hard to try to rationalize this.

We sort of find these things. It has been on the books for three or four decades, the same kind of stances that have been there. The pharmacy is a little bit of a newer addition as far as their ability to have the standing order, but I think it is going to take some time to resolve with legislation, those kind of things if that's the agenda. In the interim, we are -- you know, there is -- the law is really silent on the ability to do that. I'm not sure, David, if you have anything to add to that.

MR. CARVALHO: No. We are trying to be proactive about this, and I know you haven't been copied on some of the e-mails. We are arranging a meeting with DF and PR to, to identify whether we can bridge this gap Dr. Arnold referred to administratively or whether we will need to seek legislation, and if so, we will seek it in the next session.

So we are -- actually I'm having a little
trouble finding a date, but we are trying to arrange a
meeting to resolve this internally so that it can be
fixed one way or the other.

CHAIRPERSON ORGAIN: You referenced an
acronym, Department --

MR. CARVALHO: Department of Financial and
Professional Regulation.

DR. ORGAIN: I think Dr. Evans had a
question.

DR. EVANS: Caswell Evans. With that
level of dissemination and decentralization, then, how
is the surveillance process managed in terms of data
collection so that we know how, you know, how much is
being done and by whom? I mean, where is that
situated with that level of decentralization?

DIRECTOR ARNOLD: This is part of the
issue that we have been raising with the pharmacies
about making sure that the numbers are actually
recorded. What we have up to this point is really
it's always been out of our control, so we were
looking at data that was being self-reported. So if
someone said well, we ordered 1,000 doses of flu
vaccine, it doesn't mean that you administered 1,000.
So we are actually looking at that to find a better
metric, a better way of doing things.

So historically we have always did self-reporting, and that's really still very -- I think you are absolutely right. How do you really come up with real numbers on that? So this may be actually with the electronic records system that they have within the pharmacies to actually correlate that. They have to sort of look at their doses and how much.

DR. EVANS: Without that, it's then hard to determine where there might be kind of geographic dead zones.

DR. ARNOLD: Yes, that's right, and I think that's -- the data has to be, you know, geocoding data, the pharmacies that do that, but local health departments have a very strong role in that as well.

The IT infrastructure is paramount now. We are doing a lot with HIE and, you know, HIT side of things and making sure that -- you know, I think that my personal feeling about the public health system is that because everyone is looking at the public health system for modeling, that that is -- the public health system should really be the central core. Those local health departments really need to have a stronger role
in looking how things are orchestrated around them, the data collection you are talking about.

DR. ORRIS: Peter Orris. In calling up medical records yesterday at a hospital, I got a little flash notice about the current flu vaccine. I have not explored it any further, but there was some caution about latex involved in this vaccine and the question of potential for an allergic reaction.

I don't know anything more about it, but I am seeking more information about it, and the corollary of that would be what kind of rules are we setting down for where these vaccines are being administered if in Target and at the pharmacies for their ability to handle allergic reactions?

The allergic reaction obviously to the general vaccine before has been quite a rare situation. If latex is now a factor -- and I don't know if it is more than that little note, you know -- that's a rather broad sensitization that has already occurred.

So did we pass regulation on that last year?

Did we recommend that? What is the standing on that?

DIRECTOR ARNOLD: Yeah. Karen McMann has a very good outline on the latex issue. I will have that brought to the Board like a document so we have a
good outline of what that is. But they -- it was a group that brought up the issue about whether these things are latex free because of the process that is being done. I think it was an issue before for vaccine, and they were trying to find out if a latex-free vaccine could be -- if that was available. Karen was actually doing some looking into that research on that whether latex-free vaccine production is, you know, a big thing that they are doing.

But I will get back to you because I don't want to answer specifically. I have kind of a general idea what she is saying but --

DR. ORRIS: But that raises the general question do we have -- I mean, I don't remember from a year ago when this push came in and the broadening took place. Do we have some criteria you have to have available when you are giving this?

DIRECTOR ARNOLD: As far as the vaccines, distribution of it, there is a -- there are criteria for what you have. A lot of clinics, actually if you have an allergic reaction, they will administer, you know, the antidote, but again, Walgreens also has these small mini clinics associated with them, with nursing staff and those kinds of things on site.
Usually people call 911 anyway, get the ambulance there and go to the local emergency room if there is a severe, you know, severe reaction. They do have there administration guidelines for vaccine. The question there is making sure that they try to exclude people from getting the vaccine that are sensitive to certain agents, you know. We also have thimerosal-free, you know, dosing out there.

DR. ORRIS: If we do have IDPH guidelines for this, I would love to see them at some point.

CHAIRPERSON ORGAIN: What I would like to do --

MS. BOWEN: Dr. Orgain, Conny Moody.

DR. ARNOLD: I didn't see Conny.

MS. MOODY: I snuck in. Good morning. I'm Conny Moody. I am the Assistant Deputy Director for the Office of Health Protection.

I am thinking I can answer a couple of questions perhaps that are being asked. We will be happy to get the Board more information as Dr. Arnold has indicated, but one of the comments that we have had when the information that we have provided back to our providers that are administering the influenza vaccine is that there are single-dose vials that are
available of the influenza vaccine, and there is no
latex contained in that single-dose syringe. So those
are pre-filled syringes. Because we have received
that question from a number of our Vaccines for
Children providers asking about the latex allergy
questions.

So again, there is a single-dose vial that is
available to providers and, in particular, for our
Vaccines for Children program where IDPH, through the
CDC, provides vaccines to those participating
providers. We do offer the quantities that are needed
in the prefilled syringe. So that is one question.

We do not -- IDPH does not have any regulatory
guidelines, no administrative rules governing the
administration of the vaccine. CDC, the Centers for
Disease Control and Prevention, and the ACIP, the
Advisory Committee on Immunization Practices, they
provide information to health care providers regarding
the use of the vaccine, contraindications of the
vaccine. Each individual who receives the vaccine
should be receiving a vaccine information statement
that is provided and developed by ACIP and CDC that
gives information on what to do when an issue occurs,
a health care issues occurs at the time of the vaccine
administration or shortly thereafter.

So that information is provided, disseminated, it is available on our web site, it is available on the CDC web site, and health care providers, pharmacies use that to inform patients about the vaccine, administration of the vaccine and also care afterward.

CHAIRPERSON ORGAIN: Thank you, Conny. What I would like to do is the SHIP update. Elissa is out of time, so what we would like to do is move to that under the Policy Committee Report, then get back to any questions that we might have since you said you were available.

DIRECTOR ARNOLD: Fantastic. We can do that, and then the documents Conny was talking about, but I think Peter brings up a very valid point that you don't know you have a latex allergy many times until you have a reaction. So this may be your first time. So, you know, what is in the works to make sure that that is being addressed, you know, from a pharmacy, and that goes into the IDFPR issue, you know, being licensed to take care of this. There should be -- I am sure there is some rulings about what you need to have on-site, you know, for
treatment.

CHAIRPERSON ORGAIN: Karen, we will move on right now for the Policy Committee Report and then come back to any additional questions, maybe other subject matter that you gave in your report.

MS. PHELAN: Okay. The policy committee was scheduled to meet July 14th, and it actually came at a really good time for us because we had no decisions up before the committee. We did not have a quorum, and we thank Reverend McCurdy for joining us. But we did have a lot of updates which brings us to SHIP. So I won't rain on Elissa's parade, and I will let Elissa do that as well.

We discussed the patient safety and quality and medical homes which I think Dr. Tim Vega is going to speak about, and then Steve Mange was with us and gave us a legislative update on your behalf, David. David will do that as well. So if we don't have to approve minutes -- David, you can tell me if we do since this was such a different situation for us.

MR. CARVALHO: You can still approve minutes. It is a record of the meeting.

MS. PHELAN: I would like to approve the minutes as they are. You all received a copy of them.
CHAIRPERSON ORGAN: Were there any changes?

MS. PHELAN: No changes. That was wonderful.

CHAIRPERSON ORGAN: Okay. All right.

Thank you very much. Elissa?

MS. BASSLER: Thank you very much.

CHAIRPERSON ORGAN: Is she with us? Is she down there?

MS. BOWEN: Can you hear?

MS. BASSLER: Okay. Sorry. So David, I think you will have to help me out here. This is more than an update. This is the SHIP coming to the Board for approval. I'm assuming that you got it last week. So this is done. This is the last draft of this from the state, and then it was -- went through the editing process, review process on the side of IDPH.

So, you know, I can give a quick overview if you all want in that the priorities that are identified in the State Health Improvement Plan are improve access to health services. We have five priorities; improve access to health services, enhance data health information technology, address social determinates in health and health disparities, measure
or manage improvements to sustain public health
system, assure a sufficient workforce in human
resources. And then there are health concerns.

MR. CARVALHO: Elissa?

MS. BOWEN: Elissa?

MS. BASSLER: Yes.

MR. CARVALHO: You are talking much too
fast for the court reporter. Could you slow it down,
please?

MS. BASSLER: Sure. The priority health
concerns, I mean, does everybody have this in front of
them? I don't know because I didn't get the mailing.

MR. HUTCHISON: Yes, we did.

MS. BASSLER: You don't need me to read
it, do you?

MR. HUTCHISON: No, we don't.

MS. BASSLER: So maybe we don't have to
have the court reporter write down what I say.

I am, you know, happy to take any questions or
discussion that you all want to have regarding this
before you take action on it.

CHAIRPERSON ORGAIN: Elissa, we have
guests, and just describe what the process was in
terms of -- and Damon, we can all help in regards to
MR. CARVALHO: Elissa, stop. Why don't I jump in here because there is also new board members. So maybe it would be a good idea to back up, remind everybody what it is that is in front of you and what you are doing.

There is a state statute, the State Health Improvement Plan that charges the state with the development of, every four years now, a state health improvement plan, and the process is for the Director to appoint a team to develop a state health improvement plan, a team to report its work product to you, the State Board of Health; the State Board of Health to accept the plan or not or make changes and then refer that plan to the Director, the General Assembly and the Governor.

We have done that once before about four years ago. Well, we finished it in '06, but it got labeled '07 because there was some delays in processing. But it was completed in '06. And then this go-round we followed a process that said because we had done it so recently, we were not going to start from scratch but take the existing plan, make adjustments based on a reassessment of the current situation and develop that
as the new plan.

The first time we did this, we, meaning the Department of Public Health, engaged the Illinois Public Health Institute, which Elissa is the CEO, to work that process on our behalf, and for this update, this new revised 2010 SHIP, we, again, engaged IPHI to work this process, and Elissa and her team and subcontractors as well as many of you, many of the Department Public Health and that team that was appointed by the Director developed this work product that is now in front of you for final approval.

As Elissa said, the team signed off on it, the department did a review of it from a style and drafting perspective, and all of that now comes to you for approval. Once you approve it, it will then move to the Governor and General Assembly.

Contemporaneous with that this year, we also worked -- the team developed legislation which the department then drafted and shepherded through the General Assembly to create a SHIP implementation coordination council to coordinate the activities of all of the members of the public health system which includes both governmental, nongovernmental, private sector and members of the public to coordinate their
1 collective actions to implement the SHIP.
2 So the first order of business, if there are
3 any questions on the SHIP, would be to entertain
4 those, and if not, then it would be to entertain a
5 motion to approve the SHIP.
6 CHAIRPERSON ORGAIN: Go ahead.
7 REVEREND McCURDY: Dave McCurdy. Elissa,
8 my question really is how has the report been -- has
9 the plan been changed as a result of the feedback you
10 all received when you requested it?
11 MS. BASSLER: From the public hearings?
12 MS. BOWEN: Go ahead.
13 MS. BASSLER: Dr. McCurdy, you are talking
14 about feedback from public hearings?
15 REVEREND McCURDY: Yes.
16 MS. BASSLER: Well, we -- IPHI prepared a
17 report of the recommendations that came out of public
18 hearings, anything that seemed specific to changes
19 people were suggesting for the plan. Some of the
20 testimony in the public hearings was more general than
21 that, but we tried to pull out whatever was specific
22 to the, specific to the plan, and that report went --
23 the state health improvement planning team had a
24 meeting with that report in front of them, and they
went through each and every one of those recommendations and made some changes -- not a lot -- to incorporate, incorporate those recommendations.

Unfortunately, I don't specifically have in front of me the specifics which were accepted. I am in Washington DC. I didn't bring that particular document with me to show which specific parts of the testimony were accepted and which were not, but the committee did go through everything that was presented as a possible change to the SHIP and made a determination what to include and whatnot.

There weren't -- there were not major, major changes, you know, sort of in concept or overall approach to it. I do think at that last meeting the one thing we did that was sort of we split out -- we had injury and patient safety and quality as one priority, and at that last meeting we split it out into two priorities. So now there is an injury and unintentional injury priority and a patient safety quality priority.

CHAIRPERSON ORGAIN: Any additional questions for Elissa?

I am hoping everyone had an opportunity to go through the plan. It was very comprehensive, very
1 well written. A lot went into it. We certainly
2 appreciate that.
3
4        Peter?
5
6        DR. ORRIS: Peter Orris. Yeah, I like the
7 overall plan as I did the first one and its scope, and
8 I like the identification of some of these areas, but
9 to call this a plan and really to call the first one a
10 plan is a great overstatement. It is like saying when
11 I write an objective on a research project and don't
12 put in the methods and materials and who is going to
13 do what and when, that I have got a protocol.
14
15 I think this is not a plan, it is rather our
16 best efforts, our best thoughts about what would be
17 nice to happen and casting it upon the political
18 waters in Illinois or more general, the economic and
19 political waters in Illinois without some more
20 thinking into how it might be implemented, and I don't
21 know what -- and I defer to David about what the
22 wording might be, but I would certainly hope that
23 there is some funding, some approach to involve the
24 institute and the department or the Board about
25 exactly how do you prioritize this.
26
27        I mean, social determinates are the ones that
28 hit you in the head. I like the environmental ones a
little better. They are a little more specific. But social determinates, there are a whole lot of people in Washington DC trying to figure out how to reduce unemployment which seems to be critical to some of those components, but, you know.

So I would just strongly urge that there be some kind of ongoing implementation process in this turnaround that gets much more specific in terms of strategy.

MS. BASSLER: David mentioned educational background that was a concern. Two things. One was, for various reasons, we got started very late and only had about six or seven months for the planning team to meet before we overran deadlines that we couldn't address any further.

So there was some early intent to be more specific about implementation that because of some delays in getting started we were not able to achieve in the time that we had for the planning team.

But the other thing is that as David said, the issue of implementation was a regular discussion among the planning team. There was an ongoing implementation process after the first plan came out, so there was continual discussion of that throughout.
We had a separate implementation subcommittee that met pretty much every month, you know, in between every meeting and came up with a variety of different -- you know, had a variety of different discussions, talked about different strategies, and as David mentioned, the upshot of that was a piece of legislation -- I think it is Public Act 961153, if I am not mistaken. I will look that up -- that had ongoing implementation coordinating council and lays out some activities for that, for that coordinating council as the planning team identified because they were really concerned about that issue as well.

CHAIRPERSON ORGAIN: For information purposes, Elissa, it was included in the materials that were distributed to all of the board members. So Public Act 961153 is correct and --

DIRECTOR ARNOLD: I think David and Elissa both hit on the issue about this ongoing legislation. You know, an example a year and a half ago, you know, I sat down with IEMA and expanded the scope of public health in the legislation. So we are actually codified now within the emergency response quarter about, you know, recovering nuclear -- recovering everything from nuclear to food chains.
So the public health statutes, the way they were written in the rules and laws don't really reflect the full scope of many things that we do. That has a lot of implication for us for funding other issues down the road.

What I think Elissa's team and what the, you know, everyone that has been doing with this is really not creating so much as a plan as a framework that actually incorporates the CDC and HHS standards, what they are looking at as being important. So they actually transform this document into a document that can be a bridge between the state and federal side, and the implementation side really is from the state down to the local level to how do we actually implement these programs, which programs make sense, you know, to follow first or which ones are most critical.

The expansion and environmental section, I know the environmental section is really critical right now in all of the things we are talking about with the environment, ecology. So it serves as a platform for tying us into other areas that traditionally we have not been a part of on the federal level. Department of Energy, Atomic Energy
Commission, all these things. We have 11 nuclear
plants in this state. These programs need to be
funded fundamentally all across the board. Public
health and local health departments are extremely
important in this networking with HIE and making sure
that we have this information exchange going on and
the hospital systems.

So, you know, this is really more of a
framework that they are going to start looking at the
sections about implementation. Before you try to
implement something, I think Peter is right, there has
to be a planning process that's very strong where you
have very strong guidelines and you know exactly what
you are talking about doing.

But up to this point we have had non-focused
multiple branching groups running around, doing
different things. We have overlapped, and now at the
federal level the mantra is no metrics, no money.
State level the same thing. So we have to figure out
how all these metrics are going to be put together,
somehow going to work together, become more cohesive,
make sure we talk about obesity and goals from
nutrition to exercise to palliation. You know,
covering the entire spectrum.
So this document really is guidance. It is really to make a great ascertainment what is going on at the federal level, what is going on at the state level. I think it is great they have put a framework together where we can now come back in with intervention groups and sit down and say this is where we are, where we put the focus on and who is out there.

The information we were getting from a lot of the public meetings was not just for, you know, points to put into the document, but for people to come together in a room and for us to get an assessment who is really out there.

Registered dieticians is an example with obesity. We had so many groups come in that actually are interacting with this field that, you know, you don't traditionally think of their interconnectedness. They are sort of seeing their interconnections.

So how do we develop a network? How do people fit into this? Where do they see their place in the whole process? It is going to take really a large coordinated effort to do a lot of the things, but it gives us a framework to go to DC or go to, like Elissa, go to groups and saying well, you know, these
are areas that we would like to fund and these areas are really important to the state.

CHAIRPERSON ORGAIN: I think Peter --

MS. BOWEN: Excuse me, Dr. Orgain, our new member, Dr. Schnack, has a comment she would like to make.

CHAIRPERSON ORGAIN: Perfect. Thank you.

DR. SCHNACK: Thank you, Dr. Orgain. As a new member, as a chiropractor, I know that chiropractic is new to this world, and we have not had a lot of common discussions in the past, but under the area of health care reform, it is a fact that chiropractors will be a component of the community organization. I would ask the Board just to keep that in mind and maybe consider in the areas where dentists are mentioned, where other health care providers are mentioned that with over 3,000 chiropractors simply in the State of Illinois who do take care of a large component of our population, that we at least be considered. Thank you.

CHAIRPERSON ORGAIN: 3,000 chiropractors you said?

DR. SCHNACK: Yes, in the State of Illinois.
CHAIRPERSON ORGAIN: Thank you.

DIRECTOR ARNOLD: I'm actually a clinical massage therapist and have some training in acupuncture as well, so I have a feel for that.

DR. SCHNACK: Thank you.

CHAIRPERSON ORGAIN: Part of what Peter was suggesting is that we do have legislation that authorizes an implementation council. The legislation didn't come with money, so as part of what needs to happen with the public private partnership as has happened with developing a plan is that must continue in regards to how things are going to get funded.

MS. SANDERS: Babette Sanders. I would echo the comments just made. As a physical therapist, as I read through this, there are a number of areas I believe physical therapy would be an appropriate addition to the comments that were already included, certainly in the area of prevention and some of the health and wellness, maintaining people's ability to stay fit, to stay healthy, to perhaps stay independent in their homes.

As I read through this document, there are a number of areas that I believe that we could also be an addition. There are approximately 10,000 physical
therapists in the State of Illinois who are licensed
by the state, so I think there are a number of areas
that we would be interested in helping as well.

CHAIRPERSON ORGAIN: If there are no
additional comments or questions in regards to the
final draft of the plan, Health Improvement Plan, then
I would move that by consensus we vote to approve,
then we can then forward it to the Governor through
the Director.

One more question.

DR. EVANS: I have a minor edit that was
not submitted previously. Do you want to handle the
motion with the minor edit to be handled later or --

DIRECTOR ARNOLD: We can do that now.

Point it out to us.

DR. EVANS: Page Roman two two, the
planning team composition, I, for whatever reason, am
listed at the College of Dentistry, UIC. I think I
was wearing a State Board of Health hat. It doesn't
matter to me which hat I am wearing, I just wanted to
point that out. You can just --

DR. ORGAIN: Elissa, did you hear that?

MS. BASSLER: Yeah. We have Dr. Kruse
listed as State Board of Health and not their other
professional affiliation. So I think that's fine. I can't see -- I haven't -- I am looking for Kevin Hutchison. He is listed as St. Clair County Department of Health, but I think he was also there as State Board of Health. So it is your preference. We can do it however you would like.

DR. EVANS: Elissa, I was just pointing it out. As I said before, really doesn't matter to me. I just noticed some members with their State Board of Health hat on.

MS. BASSLER: We should probably be consistent. So I am just asking for the preference of the Board if we should list State Board of Health or by their professional affiliation.

CHAIRPERSON ORGAIN: We would love to have them represented as State Board of Health because that's their representation of the team, if that's acceptable.

MS. BASSLER: Looks like I need to change Dr. Evans and Kevin Hutchison. Is there anybody else?

CHAIRPERSON ORGAIN: I think Jerry Kruse is here. We are good. Thank you very much.

MS. BASSLER: Okay. I will make those changes.
CHAIRPERSON ORGAIN: Thank you.

MS. SANDERS: This is Babette Sanders. I'm wondering if both could be listed because as somebody who was newly introduced to this, I think not only the fact that the person represents the State Board of Health but also what they are doing in the rest of their life, to me, added the breadth and depth as to who was on this committee and so without having to go separately to the State Board of Health listing on the web site. I think having an individual's work really enlightens me as a consumer, I mean. So if there is a way to indicate both, I think, enhances the document.

MS. BASSLER: It is up to you all. That's fine. I would just need -- I would need Dr. Orgain to send me what other affiliation they want me to put. I know Dr. Orgain has about 45 hats. I'm not going to put that on there.

CHAIRPERSON ORGAIN: If that's acceptable to the members. If it doesn't cause any additional problems for other persons that are listed there, then certainly we can send that information to Cleatia as how we are -- how we come to the Board and what capacity we are designated for the Board, and we will
include that. Is that acceptable?

MS. PHELAN: That is fine. I have a couple additional typographical changes. I will send that to Cleatia as well to make changes which doesn't affect anything.

CHAIRPERSON ORGAIN: And there are some grammatical, typographical that don't change the substance that will be submitted, and are there any other additions, recommendations or suggestions? If not --

DIRECTOR ARNOLD: One thing I would say about the document, it is a framework. So it is a living document. So as you go along, it has to be able to meet the needs of who we are serving. Also very much focused on what is the outcome of the decisions we are making and implementation strategies that are going on within the communities. The ultimate person has to say what you are a listing as goal is beneficial to them as a person receiving it. So we have to always keep that in mind, that, you know, as time goes on, the document is really a living document that needs to be reflective of what the needs are.

CHAIRPERSON ORGAIN: With that, if there
is no objections then we can move forward with that as a consensus.

Okay. Thank you. Does that then take care of the Policy Amendment Report?

MS. PHELAN: It does. Thank you very much.

CHAIRPERSON ORGAIN: The next item would be medical homes.

MS. PHELAN: Yes. Thank you. I would assume that's Tim Vega.

DIRECTOR ARNOLD: One thing also, clap for Elissa.

CHAIRPERSON ORGAIN: Elissa, if you are still with us, you got a big round of applause.

MR. CARVALHO: We got to take it off on mute down there.

MR. HUTCHISON: She left the call.

MR. CARVALHO: Oh.

CHAIRPERSON ORGAIN: Let the record reflect.

MS. PHELAN: We move onto medical homes with Dr. Vega.

MS. BOWEN: Dr. Vega, are you on the line?

DR. VEGA: Yes, I am on the line. I want
to just -- the comments that were made, I don't remember who was saying them regarding the SHIP program being more goals, that's sort of the idea of the medical homes as an implementation option.

I sent a document to Cleatia to distribute to the Board. It is just a recent document, and it is a summary of outcomes of implementing patients that are in medical home intervention. They looked at quality, access and cost which deal with various measures. These are medical homes throughout the country, so each of them had different access problems and different quality measures. Some of them looked at mammography rates, others looked at death rates.

I think that the -- I think that this kind of lends itself to what Dr. Arnold was saying in creating a spiderweb of network of providers, whether pharmacy and chiropractic and exercise specialists and physical therapists and the public health, all of us, you know, all of these entities need to be interconnected to function properly for patients. It is kind of expected in our modern world we should be at least talking to each other and providing evidence-based care to people who come and offering the best cutting edge care no matter where we are in this electronic
age.

So just an FYI. That's all I had to say is that looking forward to looking at this type of discussion and seeing what kind of value networks can get.

Did you want -- I don't have anything to add.

CHAIRPERSON ORGAIN: I would just ask, did you have an opportunity to look at the Oregon plan that was sent after the meeting? And for those members who may not have received it, we can ensure that you get it.

Any comment? Otherwise we can just move on.

We will move onto the Rules Committee Report.

REVEREND McCURDY: The rules committee -- this is Dave McCurdy. The Rules Committee Report may look daunting. The number of items actually may not reflect their complexity, but, of course, you always need to wait and see what the discussion will bring.

First of all, there is actually two sets of minutes that you received. One is a corrected version of the June 10th minutes of the rules committee meeting and then also the August 19th version of the or August 19th minutes. So I would ask for approval on the June 10th minutes, and then I want to make a
1 comment about June or August 19th.

2 By consensus are we all right there?

3 CHAIRPERSON ORGAIN: I have June 1st. Is that inaccurate?

4 REVEREND McCURDY: That is inaccurate.

5 CHAIRPERSON ORGAIN: So that would be one correction. It should be June 10th.

6 REVEREND McCURDY: At the top it actually says June 10th, but you are right. Down below it still says June 1.

7 CHAIRPERSON ORGAIN: All right.

8 REVEREND McCURDY: And then secondly August 19th, I have two minor corrections that I want to make sure we make. One is the -- and this is actually with regard to the 2010 or sorry, to the June 10th minutes. First of all, it is a correction to the June 10th special meeting summary, and then secondly, the description of Mr. Simmons under the call to order leaves out that he is with the local environmental health administrators. The E needs to be recognized as well.

19 And those are a couple of things, then I would say also on page 2 of the minutes that you have, on the first item in the fourth line there is the word --
the phrase -- the fourth line reads death and nonmedical disablement right. I think the word "be" needs to be inserted in front of nonmedical in order for it to make a little better sense. Those are really the main things that I would change. Minor stuff but hopefully to clarify.

So I would move that we approve that with those minor changes, and others may have other suggestions.

UNIDENTIFIED: Second.

CHAIRPERSON ORGAIN: Any additional corrections before those are presented? If not, by consensus.

REVEREND McCURDY: Now, we have five rules that we considered. By the way, let me note normally in the past you all have received a summary page for each rule. I did not see that there was a summary page sent out electronically to everybody; is that correct?

CHAIRPERSON ORGAIN: Not in the same form in which --

REVEREND McCURDY: I mean -- and I don't -- I am assuming that was an oversight, but I will say for future reference, it is actually quite useful for
the Board. We at the rules committee happened to get
one earlier, so I would ask that we do that in the
future.

With that being said, the first rule, we will
just take them in order here, the Automated External
Defibrillator Code. Anybody in Springfield want to
comment? Okay. This is 77 Illinois Administrative
Code 525.

MS. ATTEBERRY: Hi. Paula Atteberry, EMS
and Highway Safety. This is -- this code changes the
response to Public Act 950447 that amended the AED
Act.

MR. CARVALHO: Could you wait one moment?
Cleatia?

MS. BOWEN: Yes.

MR. CARVALHO: In the e-mail, the
electronic copy that you distributed, did you
distribute this?

MS. BOWEN: Yes, I -- this is the rules
that I received from Susan, the corrected rules and
according to what is on here it says #5, a complete
description of the subject and issues involved. So
that she -- I didn't get a normal summary like we send
out in the beginning.
MR. CARVALHO: Hang on. My question is this. If we are going to start doing electronic board meetings, people need to be able to identify from the file name which they are looking at. So could you tell me what is the file name that corresponds to the rule that is currently being discussed?

DR. WHITELEY: I have got your e-mail right here.

MS. BOWEN: Yes. I was looking at someone else's computer. Evidently it was not sent, so that's an error on my part.

MR. CARVALHO: I think we should receive it.

CHAIRPERSON ORGAIN: The first thing I would like to do is, particularly for new members and for guests, just for David to remind everyone of how we go through the rules, the italics, the strikeouts, the underlines and what they mean.

MR. CARVALHO: Let me do that while we are -- actually let me start at the very basics. Every agency does rules, and there is a process where those rules go to the Joint Committee on Administrative Regulation. They are published in the Illinois Register. The public may comment upon those rules at
that time. The agency then incorporates those comments for a second publication, and then the rules go final.

What is different about the Department of Public Health is in addition to that whole process for public comment and publications, our rules also go to you for your consideration. So your rules committee reviews those rules and makes recommendations to the department, and then those rules and any revisions that have been made then come to this Board.

The format is similar to the legislative format where when you, when you write a rule, some of what is in the text of the rule is right from the statute, the statute that triggered the writing of the rule in the first place, and then some of it is the clarification the statute contemplated that the department, with its expertise and level of detail, would add to that statute.

So one of the things that is often confusing when you first look at a rule is you may have some suggestions on things you want to change, but those are in the statute, and we have no levity to change that. In particular, we typically show in non-italics the language that is in the statute.
Yeah, sorry. I said that exactly backwards.

We show in italics what is in the statute and, therefore, not changeable, and then in regular type what has been added. That would be what you would see if you were looking at a pristine rule which was the first rule drafted for the first time for that statute.

It gets further muddied a little bit in presentation when we are revising a rule. There we use the ordinary, you know, strike key, that underlining and all of that to show you what is changed, what is added.

Keep in mind when you look at these, if it is italics, we all have our opinion, but we can't do anything about it. If it is in regular type, we are more at liberty to make changes. But even there, throughout this process we at the first pass but especially the Joint Committee, JCAR at the second pass do not allow you to draft rules as if you were writing on a blank slate.

So one of the things that JCAR, which is the acronym for the Joint Committee, is very particular about they do not like to see rules go beyond the scope of the statute. So if you have a statute that
1 says the department shall do such and such, the rule
2 has to stay very close to such and such. The rule
3 cannot go into other topics arguably in the same, you
4 know, general phylum but not specifically related to
5 the statute.

So one of the things that we have to do is
that concern, and, in particular, it gets dicey if a
statute doesn't make much sense or has an error in it,
we have only so many degrees of freedom, and that's
kind of the process in a thumbnail.

Now, having said for that period of time, it
still doesn't get the copy of the rule in front of
anybody.

CHAIRPERSON ORGAIN: Cleatia, can you hear
us?

MS. BOWEN: Yes.

CHAIRPERSON ORGAIN: Okay. We are going
to essentially go to the other rules. We will come --

MS. BOWEN: I sent it to you on your
computers now.

MR. CARVALHO: Well, if they have Internet
access, but not everyone here has Internet access.

MS. BOWEN: We didn't know that.

CHAIRPERSON ORGAIN: Essentially what we
will do, we will move that one to the end of the discussion, and I hope we will go -- we can take the recommendation of the rules committee if that's acceptable to the rest of the Board members.

Okay. So let's, let's start with the other rules, give people an opportunity to multitask and then come back to that one last.

MR. CARVALHO: Just to confirm, that one is which one?

CHAIRPERSON ORGAIN:  525.

REVEREND McCURDY: The Defibrillator Code.

So is everybody clear? For the time being we are deferring consideration of 77 Illinois Administrative Code 525, and we are moving to 77 Illinois Administrative Code 593, Podiatric Scholarship and Residency Code, and would somebody in Springfield want to say a few words about that?

MR. JONES: Yes, this is Don Jones with the Center for Rural Health. The department is proposing some changes to Part 593 essentially to include language regarding the Grants Fund Recovery Act as that pertains to any grants the department would issue to a podiatric medical school and we are also adding some definitions to the part and finally
we are adding language to clarify what the department
would do if a scholarship recipient failed to graduate
from podiatric school or failed to become licensed as
a podiatrist in Illinois.

REVEREND McCURDY: Not that you should
review this any less carefully than you always do, but
Don, is this program funded?

MR. JONES: For this current fiscal year, no.

REVEREND McCURDY: That's another word for
the rules committee to all of you that we often review
rules that turn out to be hypothetical in nature.

UNIDENTIFIED: The state is not funded for
this fiscal year either, so --

REVEREND McCURDY: So what does that tell
us? We are in some kind of hypothetical state, there
is no doubt.

There were some questions as you see in the
minutes and some modest changes that were at least
considered. Nothing major in my judgement. I don't
know if members of the committee would add anything to
that, but I would move that we forward this to JCAR
for their consideration.

MS. PHELAN: I will second.
CHAIRPERSON ORGAIN: This has been moved, actually seconded. If there are no objections, then a consensus.

REVEREND McCURDY: The next rule is Nursing Education Scholarships Rule 77 Illinois Administrative code 597, and is somebody in Springfield here to discuss that one with us?

MR. JONES: Yes. This is Don Jones again. The department is proposing changes to part 597 from Public Act 96805. The Nursing Education Scholarship law, with this amendment, now allows the department to give scholarship assistance to individuals who want to pursue a master's degree in nursing to become a nurse educator. So we have added language regarding that. There is also some language being added for selection criteria and a formula how to distribute the scholarship funds.

REVEREND McCURDY: This is another one -- thank you. This is another one where we had discussion in our committee about various aspects of this, and I would add in particular although you are only considering one rule at a time, there were some differences between this rule and the one about podiatric medicine having to do with discrepancies in
the treatment of disability or death or medical
disablement in the event those were contributing
factors to the non-repayment of loan.

And the department staff was going to take
those kinds of questions into account, and at least so
far, I would say the primary response has been simply
that this underwent legal review at different points
in time and these are different programs and so they
just play out differently. Some of that also has to
do with amounts of money that may be involved if I
understand.

I don't know if any of you would want to make
any other comments about that particular aspect.

MR. JONES: From the rules committee we
did take your consideration into thought, and the
podiatric rules were revised slightly so that they
were more in parallel with the language regarding the
inability to repay the obligation that is reflected in
the nurse scholarship rules as well.

REVEREND McCURDY: Okay. Very good.

MR. CARVALHO: By the way, that makes some
sense because the nursing scholarship program has been
funded, is alive, in operation. So rather than change
that one, change the other one.
And I should note because, especially for new members who saw the colloquy with someone relating -- at the prior meeting relating to the environmental rules, this is not the last bite at the apple in any means. In fact, often there is no bite at the apple at this point by the public, it is your bite at the apple. The public sometimes is involved. The public's bite at the apple is after you send it to JCAR.

So if, for example, members of the public also want to raise the issue of why is this different than that, that will be again addressed in the JCAR process, and JCAR will expect a written response from us to those comments as well.

Although it has not happened, you should keep in mind you also have -- you are members of the public. If, at the end of this process, you are not satisfied with how it was addressed at the State Board of Health, you, as an individual, can also file a comment with JCAR regarding a thought on a rule.

REVEREND McCURDY: Hard to imagine it, but it certainly can happen.

We had some discussion on this one as well.

Again, no major changes recommended, and so I will
move that we forward this to JCAR.

UNIDENTIFIED: Second.

CHAIRPERSON ORGAIN: It's been seconded.

Any objections? Okay.

MR. JONES: Thank you.

REVEREND McCURDY: We did think that that was a particularly worthwhile endeavor, offer this kind of support.

The next rule, Manufacturing, Processing, Packing or Holding of Food, 77 Illinois Administrative Code 730. Somebody from the department want to comment on this one?

MS. MOODY: Yes. This is Conny Moody with the Office of Health Protection, and our office is updating the part 730 in order to reference federal requirements for distribution, shipping, packaging of shellfish. These updated rules will continue to allow shellfish that is distributed, packed and sold in Illinois to be shipped across state lines, and so it is vital for the shellfish industry that we update these rules.

REVEREND McCURDY: We had minor questions on this, nothing significant, so we would move -- I would move the forwarding of this to JCAR for their
consideration.

UNIDENTIFIED: Seconded.

CHAIRPERSON ORGAIN: Moved and seconded.

It is pretty short. Any comments, concerns?

REVEREND McCURDY: And then last but not least, 77 Illinois Administrative Code 775 Grade A Pasteurized Milk and Milk Products. And somebody -- Conny, is this one -- you are going to discuss this one also?

MS. MOODY: This is my rule also. This is very similar in nature to the previous rule except this is specific to Grade A pasteurized milk and milk products. The updates, the amendments for this rule will reference federal documents, federal requirements and are also necessary to allow dairy producers in the State of Illinois to ship milk over state lines. So, again, this is critical to the dairy industry in Illinois.

REVEREND McCURDY: Again, we have no significant changes or recommendations with regard to this one, so I will move that we forward this one to JCAR as well.

MS. PHELAN: Seconded.

CHAIRPERSON ORGAIN: It's been moved and
seconded. Any objections? All right, a consensus.

REVEREND McCURDY: And then, of course, I said last but not least, but, of course, that was the bait and switch because now we are actually bringing back he Automated External Defibrillator Code, Administrative Code 525. Did you all in Springfield get a chance to say all you wanted to say about this one before we have some discussion about it? Did staff give all the comments they needed to give? Is there staff still --

MS. ATTEBERRY: Yes, I'm still here.

Paula Atteberry, EMS and Highway Safety. These rules are proposed due to a change in the law, Public Act 950447 which actually has several changes. I can go through each one if you want me to, but part of that is that it used to be required that an AED user be CPR AED trained. Now the law was established that there is reasonable measure that if an AED is to be used, that someone should be trained in CPR and AED use.

Then another one was deleting the registration of AED's by resource hospitals, and now we collect data through EMS pre-hospital providers.

Then one other change, we used to approve the AED courses and we would like to leave that to the
experts and we will recognize courses as being
American Heart Association, American Red Cross
guidelines, using those guidelines in the course.

CHAIRPERSON ORGAIN: So this is Dr. Orgain. I have a couple of questions.

MS. ATTEBERRY: Absolutely.

CHAIRPERSON ORGAIN: In changing and
adding this information in regard to rules, what is
the expectation for large venues, public venues that
are not city or the state, ball games?

MS. ATTEBERRY: That is addressed in the
Physical Fitness Emergency Medical Preparedness Act,
and there is an act that requires physical fitness
facilities which would cover those types of things.

CHAIRPERSON ORGAIN: Okay. I'm sorry, I'm
talking about, for instance, concerts and things of
that nature --

MS. ATTEBERRY: Okay.

CHAIRPERSON ORGAIN: -- that might be in
public facilities?

MS. ATTEBERRY: Absolutely. If you own an
AED, which public facilities to my knowledge in the
acts that I cover do not require AED's, but if you do
require an AED, then the anticipated user of that AED
must be CPR and AED trained. They must register it
with the 911 emergency, and that if they do utilize
the AED, they must call 911. That way that's where we
get our data from.

        CHAIRPERSON ORGAIN: All right. That
answers it for me. Thank you.

        MS. ATTEBERRY: Absolutely.

        REVEREND McCURDY: Anything else? I will
go ahead and move that. I don't know if all of you
have had a chance to read it, but if you are willing
to take our word for it, so to speak, I will move that
we recommend this to JCAR.

        DR. EVANS: Caswell Evans. I have one
question. How does this, then, relate -- and I assume
it doesn't -- to places like apartment buildings that
might have one of these where it is not necessarily
required but they have one? There are other such
settings. Now, are they kind of on their own in terms
of utilization, application and training? I don't
think it is addressed.

        MS. ATTEBERRY: This specific law
addresses anyone who owns an AED. So the apartment
complex would still have to follow the AED Act.

        DR. EVANS: All right. Thank you.
CHAIRPERSON ORGAIN: Thank you. Is that helpful?

REVEREND McCURDY: Universally applicable although there may be some actual issues of implementation depending on the venue. There is one of these in US Cellular Field for example. Who is the anticipated user? Well, I suppose that would be a question, wouldn't it?

CHAIRPERSON ORGAIN: That's defined somewhere.

MS. ATTEBERRY: I believe the intent of this change was that they -- that people will take these off the wall and use them whether or not they are CPR and AED trained because -- and that's what we would like to see.

REVEREND McCURDY: Better unsafe than sorry, is that --

DR. ORRIS: These things are rather benign and simple.

CHAIRPERSON ORGAIN: And they are shown to be more effective --

DR. EVANS: As long as you don't hook them to the toes.

CHAIRPERSON ORGAIN: If there are no
objections, then it has been moved and seconded. No objection?

REVEREND McCURDY: I believe this will conclude our report, Dr. Orgain. Before you leave, I thought we were still doing (unintelligible) technicians, but I guess not. We have to finish that one off (unintelligible) the prior meeting.

DR. ORRIS: In order to keep being an irritant on my favorite issue, for the new members I have raised several times the question of when we have a regulation that defines a health care individual and has certain prerequisites for their qualifications or education or delineation of their appropriate roles, that we also should include some information about their safety on the job or safety education for themselves, et cetera.

Our discussions here on two occasions have been with someone from the legal department at IDPH that have told us in rather broad strokes that these are the responsibilities for OSHA, federal OSHA, and we would be crossing some inappropriate boundary by that. And I have been unhappy with that evaluation as being one that was designed not to have activity rather than looking at something to figure out how we
would do something that seemed appropriate. I am still asking for a discussion of that with my friend Dr. Carvalho or Mr. Carvalho, Esquire and his legal department here, Dr. Arnold's legal department. So I would just continue to be an irritant on that issue in having a floor discussion. We have not yet had that discussion, if you will, in camera or outside of the committee.

I call to your attention Administrative Code Title 77 on public health regulation, IDPH regulation of hospitals. Throughout this code, there are designations of employees that need to have certain educational criteria. There are designations of employees that the hospital must develop an immunization status program for certain employees needing immunizations, there are descriptions of educational programs and some safety programs as well, none of which are directly toward what I am talking about but certainly seem to the nonlawyer, me, that they cover the same general area, and we could set some sort of precedent also being concerned about the health and safety of health care workers within that process.

So I give this to you -- it is right off of
your IDPH web page -- selected by myself and ask again that we have such a discussion between this and next meeting. Thank you. I will subside.

MR. CARVALHO: I'm neither in a position to defend or challenge our co-counsel's view on this. I have tried to facilitate conversations between Dr. Orris and counsel on this.

In fact, before your next meeting maybe if you attend in Springfield we can arrange it with --

DR. ORRIS: Ah-ha, come to Springfield.

CHAIRPERSON ORGAIN: So with that we are going to move on. Thank you very much.

MR. CARVALHO: Is Steve Mange with us?

MS. BOWEN: I will get him.

MR. CARVALHO: Can you undo the mute?

MR. HUTCHISON: Yeah, Cleatia went to get Steve.

MR. CARVALHO: It is dangerously close to the hang-up button.

MR. HUTCHISON: You know I know what buttons to push, right?

CHAIRPERSON ORGAIN: While she is getting Steve, let's go to IX, the 2011 meeting dates. For all of the subcommittees as well as for the Board,
review that and see, and we will approve those meeting
dates if there are no objections.

This was a little different. This was the
third Thursday instead of the second Thursday, but we
are back on schedule for 2011.

So if there are no objections, these are --

MR. CARVALHO: Doesn't look like it, but
did anybody run it through the universal religious
holiday calendar? June 9th shouldn't be a problem,
November, December 8th, probably not, March 10th. I
don't know. You are on Thursday.

MS. PHELAN: Also, I did tell Cleatia this
morning, but for everyone else --

CHAIRPERSON ORGAIN: So for every other
board member Karen has advised us to take a look at
the expiration on our identification badges. We will
need -- Cleatia, as we have done before we can send
you a picture?

MS. BOWEN: Yes, you can send me a picture
or either if you are satisfied with the old picture, I
can go ahead, have them to implement a new badge with
the old picture.

CHAIRPERSON ORGAIN: So allow each
individual member to contact you in that regard as to
whether they want to use an updated picture or use the same picture.

MS. BOWEN: Yes, ma'am.

CHAIRPERSON ORGAIN: Okay. Is he there?

MR. MANGE: Yes.

MS. BOWEN: Yes.

MR. MANGE: Yes. Thank you. I'm going to be very brief today. All of the legislative initiatives that we were successful in getting through the General Assembly this past session have now been signed into law without any problems.

We are currently looking at a number of possible legislative initiatives for 2011 legislative session. I would imagine that by our next meeting, we would be able to provide you with specifics about some of the proposals that we're likely to move forward with. Those are still undergoing internal discussions, and we have a meeting with the Governor's office on October 19th for them to sort through some of the ideas that we have put forward. So we are not in a position to tell you specifics yet, but that process is underway.

The last point is a little bit of a bittersweet one. I am actually leaving the Department
of Public Health. Tomorrow is actually my last day.

I'm going into private practice as a lobbyist and procurement expert with a law firm called Freeborn & peters. The firm -- they are a firm based in Chicago, but their office is down here in Springfield. So I wanted to say that I very much enjoyed our brief encounters at these meetings this year and wish everybody the very best.

CHAIRPERSON ORGAIN: The best to you.

Thank you very much for your service.

MR. MANGE: Thank you.

MR. HUTCHISON: Thanks.

DR. ORRIS: I have a question -- don't leave -- while I still got this hat on, not the other hat, this hat on. I am told that there is a possibility that the Medical Practices Act will come up at the veto session in one way or another. Do you have information about that, or is there an interest from the department about that issue?

MR. MANGE: I am not certain about that. I don't know the answer to that question. Dave, do you have any insight on that?

MR. CARVALHO: Do you mean renewal because --
DR. ORRIS: Yes.

MR. CARVALHO: I'm -- a not very good answer is DF and PR would normally attend to that since this is their jurisdiction to enforce.

DR. ORRIS: Okay.

MR. CARVALHO: Obviously everybody here is interested in that act, but DF and PR would be the place.

DR. ORRIS: Okay. Thank you.

MR. CARVALHO: Finance and Professional Regulation.

DR. ORRIS: Thank you.

CHAIRPERSON ORGAIN: Thank you.

MR. MANGE: Take care, everybody.

CHAIRPERSON ORGAIN: And now we have come to the last part of our agenda which is actually, since we have taken care of all of the other business, agenda item number VIII which is State Board of Health Strategic Planning.

We are not going to do that today, but what we are going to do is, again, to think about that strategic planning. So the first thing, again, would be elections at our next meeting. That would be number one.
Number two would be to encourage -- in our minutes, some of our subcommittees did not have quorums. So what we will be doing is sending out a letter to our subcommittees and re-signing and reassigning. So making your selection as to what subcommittee you would like to participate on.

The next item would be to review our bylaws, particularly our new members to review the State Board of Health bylaws and then for each subcommittee to think about where we need to go, what recommendations we need to make and then to take into consideration what Peter's initial question was, in our bylaws do we need to have additional subcommittees or ad hoc committees. So --

DR. ORRIS: I would just urge that we move ahead on even an ad hoc basis because the learning curve on this is very long, so the HP, whatever it is, but anyway, Obama Care.

CHAIRPERSON ORGAIN: So the question I would ask, Peter, you don't think the policy committee should handle that?

DR. ORRIS: Certainly that's -- if they want to take it on. I think it is a whole nut on its own and the development of the expertise in the area
takes awhile and I think it would absorb everything
else. I would separate it but --

MR. CARVALHO: Can I offer one suggestion?

As you know, one of the things that we are always
bumping into is silos and other jurisdictions, and
this encompasses a lot of those. There is -- the
Governor appointed a cross-silo committee basically to
take the lead for the state. It involves public
health, involves DHHS, all of the different state
agencies.

He also amendatorily vetoed a bill so it will
be considered in the veto session to create a out or
beyond state government committee basically building
off of the Health Care Justice Act, a committee that
looked at the -- created the adequate health care task
force several years ago. That one consisted of
appointees from different branches of government but
also goes beyond state agencies.

So -- and then furthermore, within state
government there is a point person who's been
designated over at HFS whose name is Mike Catting.
Although he is at HFS, which is Health Care and Family
Services, a former Medicaid agency, his reach also is
cross jurisdictional.
So what we -- in response to all of these different organizations in public health have done is focused our attention on the public health aspects of this certainly for our own education, learning more about the bill but focusing or looking at what Dr. Arnold reported in his report, the prevention activities and workforce activities and the like.

So if the State Board of Health were to also -- we can deal with this either at a committee, special committee or policy committee. My one recommendation would be to parallel that focus that we have done at the agency on those aspects of prevention and workforce, and then the question to you is if you do focus that way, is that something that the policy committee can handle?

CHAIRPERSON ORGAIN: Let me add before I -- because in terms of what David was saying in regards to the Governor appointments, I believe -- and I will verify and ask Cleatia to send out information -- I believe that there is a meeting next Wednesday at the Thompson Center State of Illinois building at 2 p.m. on the concourse level to address that very cross-agency information that the Governor and appointments. So I will make sure that information is
sent out to everyone.

DR. ORRIS: So in light of that, I would certainly think that that part of it would be appropriate for the policy committee, wouldn't need an extra structure, but I would ask the Chair if we could invite reporting on some kind of regular basis from the inter-agency groups not just in our area but the totality because it all has impacts.

CHAIRPERSON ORGAIN: It may also mean more frequent meetings in regards to how fast things are moving, information that needs to be discussed and disseminated. So that will be a consideration for the policy committee. And remember that we will be sending that information out very soon, and the expectation is for people who will be interested in signing onto the policy committee.

MS. SANDERS: Babette Sanders. For those of us who are new, is it possible or does there exist a description of what different subcommittees that --

CHAIRPERSON ORGAIN: That will be all sent to you.

MR. CARVALHO: As the Open Meetings Act enforcer, keep in mind as Dr. Orgain said about the failure of a quorum at several of the meetings, that
does prevent the committees from transacting or taking action. It doesn't prevent them from meeting and discussing things.

So keep in mind that if you aren't certain you will be able to make a commitment to attend meetings regularly, it would probably be better to be a frequent observer at the committees that interest you rather than seek to be a member because your membership determines the quorum count. If the policy committee grows to seven, it means four people have to be there anytime it seeks to transact business. If rules are up to seven, it means four people have to be there.

So everyone is welcome at every committee meeting, will get notice of every committee meeting but only actually sign up to be a member of one you think you can regularly attend.

CHAIRPERSON ORGAIN: The meeting schedule is there. If it changes, the Chairs will advise us. But that's an excellent point in regards to participating but not actually being a member.

REVEREND McCURDY: Just one thing in preparation for the discussion we are going to have about strategic planning. At least for me, maybe
certainly perhaps for new people, it would be good to be clear about what committees, ad hoc committees we currently actually have. Obviously we have rules and policy, we have -- do we have an ad hoc standing, sort of continuing ad hoc committees at the present time? I know Dr. Vega was involved in something at one time, so I'm not sure in that committee. I don't know what the status of that is.

CHAIRPERSON ORGAIN: So those are -- right now they are, by law, defined. Those are the main two that we have. So if there is any desire for additional subcommittees, that's why a review of the bylaws would be useful to consider what else might be useful for this Board.

DR. ORRIS: If there is not a quorum present, is the gathering subject to the Open Meetings Act?

MR. CARVALHO: Yes, if there is a majority of a quorum present. So, for example, in a seven-person committee, four members is a quorum, majority of four is three. So if three members were present, it would still require the Open Meetings Act for them to sit there. And so we notice the meeting, the Chairs convene the meeting, they observe. There
is not a quorum, but they can continue because we have
noticed the meeting under the Open Meetings Act. But
if three of you want to hang out, that would be a
problem.

REVEREND McCURDY: If two people are in
attendance, there can be no meeting at all?

MR. CARVALHO: No, two of you are still
okay. It is just you didn't need a notice, but you
have a notice anyway, so you can continue.

REVEREND McCURDY: Got it.

MR. CARVALHO: The obligation to collect
minutes remains regardless of the number of people.

DR. ORRIS: Regardless even if you have
two?

MR. CARVALHO: If you're going to talk
about it.

DR. ORRIS: If you are going to talk about
business of the committee, then you have noticed it.

MR. CARVALHO: And you noticed it. There
would still be minutes.

MS. BOWEN: Dr. Orgain, Dr. Vega has
something to say.

CHAIRPERSON ORGAIN: Certainly. Please.

DR. VEGA: Yeah, I just had a question.
So if you are already on one of these committees, are we reapplying or assuming we just stay on them?

CHAIRPERSON ORGAIN: Just name it, please, so that we know that your interest still remains. In other words, does that help?

DR. VEGA: Yep.

CHAIRPERSON ORGAIN: All right. Thank you. I did have another point, but it escapes me at this time. So with that, I would move to adjourn.

REVEREND McCURDY: Second.

CHAIRPERSON ORGAIN: Thank you very much.

(Meeting concluded at 1:00 p.m.)
CERTIFICATE OF REPORTER

I, JENNIFER L. CROWE, a Certified Shorthand Reporter and Notary Public within and for the State of Illinois, do hereby certify that the foregoing proceeding was taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this deposition was taken, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.

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Notary Public in and for
The State of Illinois
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