MEETING 12/8/2011

STATE BOARD OF HEALTH

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

DIRECTOR'S CONFERENCE ROOM - 5th FLOOR

535 WEST JEFFERSON STREET

SPRINGFIELD, ILLINOIS

DIRECTOR'S CONFERENCE ROOM - 20th FLOOR

122 SOUTH MICHIGAN AVENUE

CHICAGO, ILLINOIS

MEETING

THURSDAY, DECEMBER 8, 2011

1:00 p.m.
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STATE BOARD OF HEALTH MEMBERS:
1. Dr. Javette Orgain, Chairperson (absent)
2. Dr. David McCurdy, Co-Chairperson (in Chicago)
3. Dr. Jerry Kruse (in Chicago)
4. Dr. Herbert Whiteley (in Chicago)
6. Dr. Babette Sanders (in Chicago)
7. Dr. Monica Schnack (in Springfield)
8. Dr. Caswell Evans (in Chicago)
9. Dr. Victor Forys (in Chicago)
10. Dr. Mohammed Sahloul (in Chicago)
11. Mr. Kevin Hutchison (via telephone)
12. Dr. Tim Vega (via telephone)
13. Dr. Jorge Girotti (via telephone)
14. Dr. Jane Jackman (absent)
15. Ms. Ann O'Sullivan (absent)
16. Dr. Peter Orris (absent)

ILLINOIS DEPARTMENT OF PUBLIC HEALTH STAFF:
17. Dr. Kenneth Soyemi, Acting Director (in Chicago)
18. Mr. Rich Forshee (in Springfield)
20. Mr. Jerry Dalsin (in Springfield)
21. Mr. Dave Johnson (in Springfield)
22. Mr. Ken McCann (in Springfield)
23. Mr. Michael Arbisi (in Springfield)
24. Ms. Melinda Lehnerr (in Springfield)
25. Ms. Conny Moody (in Springfield)
26. Mr. Justin DeWitt (in Springfield)
27. Ms. Michelle Lugalia (in Chicago)
28. Ms. Mary Driscoll (in Chicago)
29. Mr. Stephen Konya (in Chicago)
30. Mr. David Carvalho (in Chicago)
31. Mr. Curt Hicks (in Chicago)
32. Ms. Cleatia Bowen (in Springfield)
33. Ms. Susan Meister (in Springfield)
34. Ms. Jayneece Bostwick (in Springfield)
35. Mr. Matthew Roberts (in Springfield)
36. Mr. Richard Zimmerman (in Springfield)

COURT REPORTER:
37. Ms. Dorothy J. Hart, CSR, RPR
38. Illinois CSR No. 084-001390
39. Midwest Litigation Services
40. 15 South Old State Capitol Plaza
41. Springfield, Illinois 62701
42. 1-800-280-3376
DR. McCURDY: I suggest that we get started and I want to remind everybody that it would be important for you to introduce yourself when you speak so that our court reporter will know who's saying what.

Is the court reporter hearing us all right?

COURT REPORTER: Yes. Thank you.

DR. McCURDY: Okay. And do we need introductions?

COURT REPORTER: Yes.

MS. BOWEN: Yes, sir.

DR. McCURDY: Okay. Let me start. I'm David McCurdy. I'm the co-chair of the board and I'm filling in for Dr. Orgain who is not here today. And she said she might call in, but it appears that so far she has not, so --

Dave, would you --

MR. CARVALHO: David Carvalho. I'm deputy director for the department, head of the Office of Policy, Planning, and Statistics.

MS. PHELAN: Karen Phelan.

DR. EVANS: Caswell Evans.

DR. KRUSE: Jerry Kruse.
MS. DRISCOLL: Mary Driscoll, IDPH.

MR. KONYA: Stephen Konya, chief of staff, IDPH.

DR. WHITELEY: Herb Whiteley.

MS. SANDERS: Babette Sanders.

DR. McCURDY: And now in Springfield.

DR. SCHNACK: Monica Schnack.

DR. McCURDY: Go on.

MR. FORSHEE: Rich Forshee, IDPH.

MR. McCANN: Ken McCann, IDPH.

MR. JOHNSON: Dave Johnson, IDPH.

MR. DALSIN: Jerry Dalsin, IDPH.

MS. BOWEN: Cleatia Bowen, IDPH.

MS. LEHNHERR: Melinda Lehnherr, IDPH.

MS. GATES: Jamie Gates, IDPH.

MS. BOSTWICK: Jayneece Bostwick, IDPH.

MS. MEISTER: Susan Meister, IDPH.

MR. ROBERTS: Matt Roberts, IDPH.

MR. ARBISI: Mike Arbisi, IDPH.

DR. McCURDY: So in reality, this is a staff meeting and the rest of us are guests.

Well, thank you to everyone in Springfield.

UNIDENTIFIED SPEAKER: Who is on the
DR. McCURDY: And who is on the phone?

MS. BOWEN: Hello, everybody on the phone.

DR. GIROTTI: Yes, this is Jorge Girotti in Chicago.

MS. BOWEN: Dr. Girotti, Chicago.

DR. VEGA: And Tim Vega in Peoria.

MS. BOWEN: Dr. Vega, Peoria.

And Kevin Hutchison.

MR. HUTCHISON: Kevin Hutchison, St. Clair County, in Belleville.

DR. McCURDY: If I could remind everybody, especially on the phone, before you speak, and it's a little artificial, but if you could mention your name before you say anything so the court reporter knows to whom to ascribe your comments.

So are we ready to go? We have what you might call a modest agenda today, i.e. the fullest one I think I can remember seeing over the years. Will there be -- so I call the group to order.

We have several meeting summaries to consider right out of the chute. The meeting summary for the last meeting of the full board was on Thursday, September 8th. I'll entertain a move to
approve that summary.

UNIDENTIFIED SPEAKER:  So moved.
UNIDENTIFIED SPEAKER:  Seconded.

DR. McCURDY:  Any discussion?
(No response)

DR. McCURDY:  All in favor, say aye.
(Whereupon a voice vote was held.)

DR. McCURDY:  Thank you.

And the policy minutes, the policy meeting.

MR. CARVALHO:  Actually, under director's remarks, I probably should note that we do not have a director since your last meeting. You may have noted that.

Dr. Arnold has become an administrator at Chicago State University. He'll be setting up their masters of public health program which was approved by the Illinois Board of Higher Education earlier last year.

And in the meantime, a change to state law this year prohibits persons who are appointees of the governor who require senate confirmation from serving in an acting capacity or a holdover capacity for more than 60 days.
And I mention that not only, of course, because it -- it affects our agency, and so upon Dr. Arnold's departure, we had Dr. Craig Conover appointed as our acting director. Many of you may know Dr. Conover. He's an infectious disease doctor and epidemiologist and worked within the department for ten years or more. He was appointed to be our acting director, but because of that new law that went into effect in August, he could only serve for 60 days. 60 days has expired, and so another physician within the department, Dr. Ken Soyemi, has been appointed acting director. A person may only -- apparently may only serve as acting director once, so Craig could not be reappointed to that.

I mention that in that detail both to explain to you what's going on, but also, as many of you know who've served on the board for a long time, some of you have probably served half of your service on this board in a carryover position, because for quite some time, especially under the prior governor, the attention to your reappointments wasn't acute. So that won't continue into the future. You also are subject to the statute that provides that you cannot carry over for more than 60 days. So we will need to
be keeping an eye on this. Although our agency
doesn't make the appointments, we can certainly
bird-dog this issue. If you also are familiar with
your expiration date and you see it coming and we
haven't talked to you, please do remind us. We
sometimes overlook this. And we will work with the
governor's office to ensure that all of your
appointments are up-to-date.

DR. McCURDY: Dave, is there now a statute
of limitations on the terms of the board members also?

MR. CARVALHO: There was a hopeful tone in
your voice, Doctor.

DR. McCURDY: I was only raising the
question, actually.

MR. CARVALHO: No. That was not added to
the statute. But the -- and just by way of
explanation, of course, the senate especially, since
it's their job to confirm, was a little concerned that
persons could serve in a capacity for an extended
period of time without being subject to the
reconfirmation process, and so this was a re-exercise
of their prerogatives.

So we currently have Acting Director
Soyemi and the governor's office continues their
1 search.

2 As most of you know, because we've spoken
3 about this in the past, one of the requirements for
4 the director of the Department of Public Health,
5 unlike local health departments, is that the director
6 be a physician -- a licensed physician. And so, as in
7 the past, if you have a candidate that you'd like to
8 recommend to the governor's office or recommend to us
9 to recommend to the governor's office, certainly bring
10 them to our attention, probably outside of an open
11 meeting such as this.
12
13 And other than that, in respect of the
14 very long agenda you have and the couple of reports
15 you do have from our staff on some of the highlights
16 of what's going on in the office, I don't think
17 there's any need for me to extend these in lieu of
18 director remarks.
19
20 DR. McCURDY: One other question, Dave,
21 and that is, would it be fair then to say that each
22 acting director must also be a physician?
23
24 MR. CARVALHO: Yes.
25
26 DR. McCURDY: Okay.
27
28 MR. CARVALHO: And if your next question
29 was how many physicians do we have in the agency, the
answer's three. Although there's no -- I guess no
requirement that the acting director be a current
employee.

One other thing that's not on the agenda
so I should note for you, during the veto session
there were some modest adjustments to our budget. At
our last meeting I believe I reported to you some of
the deficiencies in the budget that had been adopted
and some of the challenges with respect to items such
as rent or travel or phones and things like that, and
so there was some adjustment on those items.

We remain one of the agencies that did not
receive sufficient appropriation in order to --
required to pay for scheduled pay increases under our
collective bargaining agreement. So when you read in
the paper about that issue, that issue continues. I
believe it's in litigation or arbitration of some
sort. But there was no adjustment to our budget in
the veto session that changed the story on that one,
so that remains.

DR. McCURDY: Thank you.

We have been joined in the interim by
three people who have come into the meeting room.
Could you say something to us about who you are?
MR. HICKS: I'm Curt Hicks. I'm the (inaudible).

COURT REPORTER: I'm sorry. I could not hear him.

DR. McCURDY: You're Curt Hicks.

MR. CARVALHO: And the court reporter is in Springfield, so --

MR. HICKS: I'm sorry. Curt Hicks. I'm the HIV prevention administrator with the Illinois Department of Public Health.

DR. McCURDY: Okay.


DR. SOYEMI: I'm Dr. Kenneth Soyemi, the acting director.

DR. McCURDY: Well, welcome. Glad to meet you.

So the policy -- and by the way, Dave, my apologies about the director's remarks. My thought was to go through all the minutes at one time. But, of course, it has been our tradition really to do them sort of as each committee's business came up.

So, Karen, to you for policy.
MS. PHELAN: Okay. The policy committee met on Wednesday, October 19th, and, unfortunately, due to scheduling conflicts, we did not have a quorum. We did, however, have an opportunity to discuss current agenda items and they're listed on our summary. However, I do not believe our minutes or summary need to be approved on record because we don't have it -- we did not have a meeting.

So, if you have any changes, you can send them to Cleatia. That might work.

Okay. So moving right on, with regard to patient medical homes, Dr. Kruse.

DR. KRUSE: We really didn't have much update at that meeting and there's really not a lot to report with the full agenda unless Tim wants to say something about it.

MS. PHELAN: Dr. Vega?

MS. BOWEN: Dr. Vega?

DR. VEGA: The only thing that I would say is that the -- there are applications out for -- from CMS directly and from the Health and Human -- Health and Family Services here in Illinois regarding projects, and a lot of them have the medical home language built into them, even though they may not say
medical home. So I -- I was happy to see that the implementation phase and funding is following these guidelines, if not by name but at least by function. So I think we were on the right track in pointing this way and the implementation funding phases seem to be going that way also.

MS. PHELAN: Excellent, Dr. Vega. That is good news.

Okay. Moving on to Division of Patient Safety and Quality, and we had a summary from Barbara Fischer. But I'm happy to report that Mary Driscoll is with us today.

MS. DRISCOLL: Do you want the longer -- the little longer story? I'll just give you a quick overview of what's going on.

MS. PHELAN: Okay.

MS. DRISCOLL: So we received about one million dollars in funding from --

COURT REPORTER: I'm sorry, in funding from? Ma'am, I'm having a hard time hearing you.

MS. DRISCOLL: Okay. I'm sorry. I was just saying that we received a lot of money from the CDC primarily to work on Healthcare Associated Infection, and so we're continuing to build an
We worked on a clostridium difficile collaborative --

MR. CARVALHO: Mary, maybe if you'd come down here, because I don't think your voice is carrying.

MS. DRISCOLL: Okay. I have a low voice. I'm sorry.

We worked on a hospital collaborative with 21 Illinois hospitals and I think we have some outcomes reducing the rate of clostridium difficile by 22 percent in those hospitals. So it just shows that if you focus on something and really do change, that can work.

We're now working on an antimicrobial stewardship collaborative with much smaller group of hospitals because it's a little more intense and it requires I think a lot more to get, you know, change in prescribing practices of antibiotics. So that's where we're at right now.

We're also working with some hospitals and trying to set them up electronically to send data to the CDC's National Health Safety Network about antibiotic use, their antibiotic use practices.
We just updated the hospital report card and are recording surgical site infections on the site now, a year's worth of surgical site infection recording. And you can take a look at that. But basically most of the hospitals fall into the category of benchmark. They're all about -- not significantly different from other hospitals. That's not to say that they don't have any infections, but they're all coming in about the same.

So people should take a look. If you haven't looked at that, I encourage you to look at the report card.

We also have a Public Health Data Map piece of the report card that is very, very interesting. If you go to the report card and you click on the right-hand side, you click on Public Health Data Map, and it shows access data primarily by geographic area. You can take a look at it. I don't want to go into detail, but at the policy meeting I can go into more detail if you want. We got money from a private foundation to update that.

COURT REPORTER: We've lost the sound completely.

MS. DRISCOLL: Okay. You'll be seeing
more interesting things on the Department of Public Health database.

   DR. McCURDY: Are you hearing us now?
   COURT REPORTER: Yes.
   DR. McCURDY: Okay.
   MS. DRISCOLL: We are also going to be again reporting MRSA and clostridium difficile by hospital, because we had a law change that allowed us to report those infections to the National Health Safety Network with the CDC surveillance tool.

   And the other thing that will be happening is our discharge -- our hospital administrative data is going to be collected with (inaudible).
   COURT REPORTER: Is going to be collected by what? I'm sorry.
   MS. DRISCOLL: With identifiers.
   I'm sorry. Am I supposed to be talking right into this?
   MR. CARVALHO: That's right.
   MS. DRISCOLL: All right. With identifiers. And we're hoping to do that if all goes well -- and, Rich, I think this is right -- by July of 2012. That will really allow us to look at hospital re-admissions in a more scientific way. It will also
allow us to maybe look at our datasets and link them
to other datasets so we can get a better picture of
quality of care.

And then we're also working on the Health
Information Exchange and have developed something
called a public health node which right now is acting
as a service to providers that can't quite get their
vendors to provide HL7 messaging which is required by
meaningful use for public health reporting.

Adverse events, I do want to say a little
bit about that. And what I want to say is that it's
just a very sad story that we're not able to do our
adverse event reporting. We would really, really love
to be able to do that as a public health department,
but because of the funding cuts we have had to put
that on hold.

We are really ready to go, though. We had
our RFP posted. We have a vendor actually selected.
But I can't say who because we are not, you know,
going to go there unless we get some funding.

We are putting in for a law change for
adverse events, because, as you know, the law passed
in 2005. Between 2005 and now a lot has changed,
(inaudible) so we're going to ask that the law give us
flexibility to (inaudible).

UNIDENTIFIED SPEAKER: Mary, you're breaking up.

MS. DRISCOLL: The move by the National Quality Forum with serious reportable event (inaudible) for Medicaid (inaudible) because they're requiring hospitals to (inaudible) as well, which are a little different than what we're reporting, so (inaudible) and also (inaudible) as well.

UNIDENTIFIED SPEAKER: Dr. Soyemi, could you quit the shuffling papers? I think it's affecting the microphone. Sorry.

MS. DRISCOLL: Okay. Really, that's all I have to say.

Oh, we also did get a small part of the Community Transformation Grant. I can say that very quickly. Our intent is to work with some downstate providers, primarily community health centers, on setting up a dashboard for them to report the quality prevention indicators. But in the true public health sense, we also want them to be able to share this with their -- with the communities (inaudible) and that everyone will be able to sit down sort of like the perinatal community morbidity and mortality reviews,
and these would be like the quality reviews and be able to talk some of this through with the community. Because, you know, it could be sometimes communities could have an effect on patients and patients maybe (inaudible). And it would be -- so we're hoping that this will work out really well. And I'll keep you posted on that as we move forward.

MS. PHELAN: Thank you, Mary.

Are there any questions?

DR. McCURDY: One question. Antimicrobial stewardship, I'm guessing that's the right antibiotic at the right time or no antibiotic at the wrong time and that sort of thing?

MS. DRISCOLL: Right. Right antibiotic. To work on the use of antibiotics, either over -- you know, wrong antibiotic at the wrong time or not giving the antibiotic when it should be given.

DR. McCURDY: Right. Okay.

MS. PHELAN: Any other questions?

DR. VEGA: This is Tim Vega. I had a question for Mary.

MS. PHELAN: Okay.

MS. DRISCOLL: Mary, is that data -- where is that data from? Is that all reported activity or
1 is that from Medicaid, Medicare? What's the source of
2 the data?
3    MS. DRISCOLL: What data are you talking
4 about, Dr. Vega? Which data?
5    DR. VEGA: On the website, the county --
6 the county --
7    MS. DRISCOLL: Oh, the Public Health Data
8 Map. That's from our data. It's from our hospital
9 administrative data. We collect discharge data from
10 hospitals, from emergency rooms, and ambulatory
11 surgery centers.
12    DR. VEGA: Okay. So that's all payers, all people?
13    MS. DRISCOLL: Yes.
14    DR. VEGA: Okay, great.
15    MS. PHELAN: Thank you very much, Mary.
16    SHIP update, to you, David.
17    MR. CARVALHO: Sure. It's not
18 specifically on the agenda, but as many of you know,
19 the Community Transformation Grant which we received
20 we are integrating very closely with the SHIP
21 implementation activities because they are really two
22 sides of the same coin.
23 So we've had two meetings of the SHIP
Implementation Council and we are currently planning a third meeting. We don't have the date that I know for sure. I think it'll be in January.

What we're trying to make sure is that these two efforts work together seamlessly. Those of you who've been around for a while know that one of the challenges of the SHIP is often that it has a lot of good ideas but no funding. And so we want to make sure that now that there are elements of the SHIP that have received funding through the CDC grant that on one hand it's full steam ahead with those and not waiting for everything else on the SHIP, but on the other hand they don't take over all SHIP implementation activities. So coordinating them in just the right way is our current task.

And we have a former colleague of yours, Richard Soule, at the University of Illinois Chicago, as our outside contractor assisting us with this, and then not a colleague of yours but a person known to you very well, Joy Getzenberg, who's formerly from the Chicago Department of Public Health, working with Richard on this project.

So some of you are involved in the SHIP implementation, but those of you who are not we will
keep you informed. And the website for the SHIP IC should be up within the month. And then you'll be able to see all the documents that are shared with the community, all of the minutes, all the reports, and monitor it from your computer.

MS. PHELAN: Thank you.

Any questions for David?

DR. McCURDY: I have one question for Dave related to the later agenda item that says planning for the next SHIP.

MR. CARVALHO: Yes. Scary, isn't it?

DR. McCURDY: And my question was this: Is there some action of any kind that we will need to be looking at for that today or is that --

MR. CARVALHO: No.

DR. McCURDY: -- strictly an information item?

MR. CARVALHO: That's just to remind you that the statute provides for a SHIP every four years, and so the statute also contemplates these two activities dovetailing with each other. Which is to say the term of the SHIP Implementation Council is until -- they serve until the next SHIP is delivered to the governor. So, therefore, you launch it, it
gets done, it gets delivered to the governor, and the current SHIP Implementation Council goes out of business and a new one is appointed to pick up the baton of the new SHIP.

Without, you know, predicting the future too strongly, as you know, the first SHIP and the second SHIP are very similar. Basically a rescan of the environment and all was done, but there weren't fundamental changes in the -- between the two SHIPs, and one can probably predict that the third SHIP won't look dramatically different.

Frankly, most of the problems -- health problems in society improve very slowly. And those of you who were at the conference this morning saw the big overlap between the SHIP and the National Strategic -- National Prevention Strategy, as well as Healthy Chicago, as well as probably the SHIP from many other states.

So be that as it may, it's a good exercise to go through. There are differences. There were updates. And we'll get that started in sufficient time to meet the deadline for the next SHIP. And we'll bring that back to you for action when action is required.
If you recall, one of the things that gets the next SHIP going is the appointment of the next SHIP team. And the appointer is the director. So we'll probably have a director before we have a SHIP planning team.

DR. McCURDY: Dr. Evans.

DR. EVANS: Yeah. Does that, though -- does that imply that the implementation process will continue across SHIP activities or will the implementation process cease and then have to be reseeded again?

MR. CARVALHO: Well, you know, I like to say you can't provide for everything in the law. You got to hope that common sense prevails, too. So one would hope that the way this happens -- we haven't done this before, of course, since we didn't have the SHIP Implementation Council before. But I would expect, for starters, that there will be an awful lot of overlap in the membership of the two councils.

I was joking with someone at the conference today that we all go to a bunch of different meetings with all the same people wearing different hats. You see the same people at -- if you look at the SHIP Implementation Council membership, it
looks a lot like the SHIP Planning Team membership,
which looks a lot like the prior SHIP Planning Team
membership. So again anticipating the future, I would
imagine that the new SHIP Implementation Council will
look a lot like the old one, the new SHIP will look a
lot like the old one, and the only things that will be
dropped are things that are no longer -- hopefully,
the things that will be dropped are the things that
have been completed, but other than that, things won't
be dropped through inadvertence.

MS. PHELAN: Thank you.
Policy has nothing else.

DR. McCURDY: Thank you to the policy
commitee and to Karen for the report.
And I should mention to our court reporter
we've also been joined by Dr. Victor Forys, a member
of the board. He's over there.

Our court reporter is in Springfield, so
-- you can come up here if you like.

DR. FORYS: Thank you.
DR. McCURDY: So now we come to the part
of the committee meeting that has certainly the
bulkiest looking list of items.

Speaking as the co-chair acting as the
chair today, I want to commend the rules committee for its diligence in meeting twice to consider this set of rules, an unprecedented number, at least in my time on the board as a committee member. And we managed to get through them all and in -- basically in three hours when you get right down to it.

So we have minutes of those two meetings, one from November 17th and one from November 30th. And I do want to note a couple of items that I think probably should be corrected on these. Nothing major.

But I would say on the November 17th version of the minutes, I believe it's November 17th, on page 4 I believe Dr. -- I shouldn't say -- Jayneece. I believe it's Bostwick with a T rather than an H, so we probably should correct that.

And then also -- I mean I think that's really it in terms of corrections that I have.

So anybody else with corrections from the rules committee?

MS. PHELAN: No.

DR. McCURDY: Move to approve?

MS. PHELAN: Approved.

DR. McCURDY: Second?

DR. KRUSE: Second.
DR. McCURDY: Hearing no objection, consider them approved.

MR. CARVALHO: Why don't you mention the names of the mover and the seconder so that the court reporter can get that?

DR. McCURDY: Oh, okay. Mover was Karen Phelan. Seconder Jerry Kruse. Or did I get it backwards?

MS. PHELAN: No.

DR. McCURDY: Okay. In that order. So November 17th minutes with one change are approved.

Minutes -- or, meeting summary, I should say, from November the 30th, any corrections to any of that?

(No response)

DR. McCURDY: Then I'll entertain a move to approve.

DR. KRUSE: Moved.

MS. PHELAN: Seconded.


All in favor, say aye.

(Whereupon a voice vote was held.)

DR. McCURDY: Opposed?
DR. McCURDY: All right. Then the minutes have been approved.

And we also welcome Dr. Sahloul with us today for the benefit of the court reporter.

DR. SAHLOUL: Thank you.

DR. McCURDY: Yes. You're welcome.

MR. CARVALHO: As we start all these rules, if I could ask the persons from the Department of Public Health -- I know a number of you made changes in the rules following the rules committee meeting in response to comments or perhaps in response to your own internal review. If you could highlight those so that the members of the committee know what changed from the time they saw the rules, I think that the committee members would appreciate that.

DR. McCURDY: Yeah, that would be helpful to us as a committee, not to mention probably to the board. And also, Dave, thank you for mentioning that.

In particular, when we come to the -- I believe it's the fifth item, the Illinois Health and Hazardous Substances Registry rule, there are considerable changes that have been introduced into the version that we have since the rules committee
met. My proposal on this one is that we consider it last, that we go through the others and then consider that one. So if the committee is agreeable, let's do that.

And can we begin with the Perinatal HIV Prevention rules? Somebody in Springfield want to provide us a brief -- for the benefit of the board, a brief comment about this rule? Or here. Yes, go ahead.

MR. CARVALHO: You'll need to come closer to the mic, though.

MS. LUGALIA: Hi, everyone. I'm not aware of --

DR. McCURDY: And your name again?

MS. LUGALIA: My name's Michelle Lugalia. I work for the Illinois Department of Public Health, Perinatal Prevention.

I'm sorry, from the edits that were suggested last time in the meeting, I have not touched the document directly. I think it was the legal team that was working to edit those final changes. So I don't have anything personal to report.

DR. McCURDY: All right.

MS. LUGALIA: But last time it wasn't
content that was needing. It was mostly putting
things in a particular order.

DR. McCURDY: Then let me comment that
with regard to that, one of the questions that was
raised had to do with the order of people who are
authorized to consent and the order of priority, and
there was some discussion about whether parent should
always precede legal guardian or whether legal
guardian would in the normal run of things always come
first and then parent if there was no legal guardian.
And so far that has not been changed as far as I can
see. That remains the same. So does somebody want to
comment on the judgment that was made about this?

MS. MEISTER: Yes. Our legal staff
checked that and the rule is accurate as it was
drafted.

DR. McCURDY: Could you say it again,
please?

MS. MEISTER: Our legal staff checked
that.

This is Susan Meister, the rules
coordinator.

And the rule is accurate as it was
drafted. Parent should come first.
DR. McCURDY: Okay.

MS. PHELAN: Who should come first?

DR. McCURDY: Parent. It should be as it is, so we are told.

Then on page 7, there was some change made on page 7. All HIV counseling must be provided -- provide certain information. So at the bottom of page 7 in what is now letter E some changes apparently have been made. But because it's statutory language, it still does not read well, I have to say. The transition from the heading in letter E to number 1, it just doesn't follow, so -- and I know it --

MS. MEISTER: We did make a change in that, but we have to maintain the statutory language as it is.

DR. McCURDY: Uh-huh.

MS. MEISTER: We did add the word "information" I believe, but we cannot change --

DR. McCURDY: That's a start.

MS. MEISTER: -- the statutory language.

DR. McCURDY: I was wondering if number 1 might conceivably begin with an introductory phrase in Roman type, rather than Italic, that would say a statement that the testing is performed for the health
of the pregnant woman. The only thing that would be changed would be that the word "for" --

MS. MEISTER: No.

DR. McCURDY: -- would not be capitalized.

MS. MEISTER: No. The information -- no. That changes the meaning.

DR. McCURDY: I think it makes the meaning clearer, but we don't have time, obviously, to linger over this.

MS. MEISTER: Yeah. I don't think that that's something that we want to -- to change.

DR. McCURDY: Uh-huh. Well, then moving right along, any other comments from anyone about this rule, which items that may need to be changed, or are we ready to act on it?

DR. KRUSE: Move for approval.

DR. McCURDY: Move to approve?

DR. SANDERS: Second.

DR. McCURDY: Second.

Any further discussion?

(No response)

DR. McCURDY: All in favor, say aye.

(Whereupon a voice vote was held.)

DR. McCURDY: This rule is approved.
The names of the mover and seconder, Jerry moved and Babette seconded.

So on to the next one, the HIV/AIDS Confidentiality and Testing Code.


DR. McCURDY: All right.

MR. ZIMMERMAN: Again, the same issue that Michelle addressed as far as the order, that was the same language in this rule, and I believe we addressed that with Michelle's comment and Susan's comment.

And there was some numbering issues under the 697.120 sections and I believe the numbering issues was addressed.

And to my knowledge, that was the only changes.

DR. McCURDY: Uh-huh. Okay. And there was a question that was raised in our discussion about the issue of immigrants being included on page 20 of the document and it still is on page 20, I believe in number 4.

MR. ZIMMERMAN: Correct.

DR. McCURDY: On page 20, the words "immigrants to the United States" was stricken and I
just wondered if the staff was going to check on why that was and what change it requested. Is there any word you can give us on that?

MR. ZIMMERMAN: Yeah. I believe that was answered at the November 17th meeting. It no longer required immigrants to be screened for HIV.

MS. MEISTER: The federal -- it was a change in federal law, I believe.

MR. ZIMMERMAN: Yeah. I think that was addressed at the November 17th meeting.

DR. McCURDY: I believe it was not, but I could be mistaken.

DR. FORYS: Well, I'm an officer --

DR. McCURDY: This is Dr. Forys.

DR. FORYS: Right. I'm a civil surgeon, and indeed, the requirement for persons who are having a change of status, that means that they're getting green cards, previously required HIV testing. It no longer does so.

MR. ZIMMERMAN: Correct.

DR. FORYS: So that's a federal -- that's a federal requirement that has been waived. For some reason, they still test for syphilis but no longer test for HIV. We've never had any positives, so -- at
least in our practice.

DR. McCURDY: Uh-huh. Thank you, Dr. Forys.

Any other items in this rule that anybody needs us to address?

I want to raise the question, if nobody else does, on page 40 -- and this also came up in our meeting, and I believe there was going to be some more research into this question as well. The question about who at a school would actually be permitted to have information not only about -- well, first of all, about the identity of somebody who's HIV-infected, one of the students, and secondly, the idea that the identity may be shared or that the fact that somebody is HIV-infected may be shared, even if the identity is not, and what the rationale for that was. I know that part is statutory. Are there limitations on who may have this information?

MR. ZIMMERMAN: No. The superintendent and the principal can disclose that information to the -- to the teachers there on site.

DR. McCURDY: And that includes, of course, the identity of the student?

MR. ZIMMERMAN: Yes, it does. It allows
that. This rule has always been very confidential and
the AIDS Foundation -- there's a lot of people that
would want to remove this, but they have not been
successful in doing that.

DR. McCURDY: Right.

MR. ZIMMERMAN: To my knowledge, I don't
think someone with HIV has been reported in the last
five years by the department or the Chicago Department
of Health to a school, a child being reported to the
principal. But the law's on the books and it's as
written.

DR. McCURDY: Sure. Somebody want to move
to forward this one for consideration?

DR. EVANS: Move.

DR. McCURDY: Dr. Caswell Evans moves.

Second?

DR. SANDERS: Second.

DR. McCURDY: Dr. Sanders.

So are there any further discussions?

(No response)

DR. McCURDY: All in favor, say aye.

(Whereupon a voice vote was held.)

DR. McCURDY: Opposed?

(No response)
DR. McCURDY: This one is forwarded. And thank you for providing commentary on this one.

Then we move to the Health Care Data Collection and Submission Code.

MR. FORSHEE: Rich Forshee, IDPH.

This rule -- the changes in this rule is to -- is in reaction to legislation passed last year that removes the exclusion in our collection of patient identifiers, such as name, address, and Social Security number. Actually, the Social Security number still remains excluded, but we have -- we are able to collect the last four of the Social. So that is the essence of this rule change for the -- and also, we have removed some language that was added in the last rule change that was date specific and the time is passed, so that language is no longer needed.

DR. McCURDY: Any questions or comments from anyone on the rules committee or the board beyond?

(No response)

DR. McCURDY: Let me note on page 6, it's in the definition section, and, of course, I don't even know how to refer to this one, CCYYMMDD, there is an extraneous number 5 after the period at the end of
that that needs to come out.

MS. MEISTER: Okay.

DR. McCURDY: That's it.

Move to approve?

DR. WHITELEY: Move.

DR. McCURDY: Dr. Whiteley.

DR. EVANS: Second.

DR. McCURDY: Dr. Whiteley moved.

And who seconded?

DR. EVANS: I did.

DR. McCURDY: Okay. Dr. Evans seconded.

All in favor, say aye.

(Whereupon a voice vote was held.)

DR. McCURDY: Opposed?

(No response)

DR. McCURDY: Then this one moves on.

MR. CARVALHO: Just to tie this all together for you, if you recall, this is what Mary was referencing in her report on patient safety. And again, if you've been on the board for a while, you can see all this progress in slow motion.

You recall about a year and a half ago we reported that we wanted to try and fix this and that we were going to propose some legislation to get it
fixed. And now these are the rules to implement that. And then in another year we'll have the data and we'll be able to report to you some of the beneficial things we can do with the data. But it is moving slowly.

DR. McCURDY: On that note, we move on to the Control of Tuberculosis Code. Commentary on this one from someone in Springfield?

MR. ARBISI: Hi. This is Mike Arbisi, the TB program manager.

And there were a couple issues just raised, questions about the -- in particular, DOT, or directly observed therapy, and what is the meaning and purpose of this, and we went into that and explained that this is a standard of care according to the CDC guidance.

And the second question was concerning the testing of all TB patients -- or, TB patients for HIV, why is that unique to TB. And again, this is a recommendation in 2003 with the new CDC treatment guidance, and it recommends that all TB patients be tested for HIV, not just the 25 to 44 anymore.

And I don't believe there was any other concerns from editing or anything else.

DR. McCURDY: I believe there are a couple
other things that were explained by you all, and in one case, at least, my memory fails me on what the explanation was.

MR. ARBISI: For DOT I think.

DR. McCURDY: The local control -- I'm sorry?

MR. ARBISI: You broke off. Go ahead.

DR. McCURDY: The local TB control authority, again, typically that is the local health department?

MR. ARBISI: That is correct. There are still a few groups who have the TB levy and have a TB board. There's only a few left. Example, Will County, Lake County. But Lake County merged their TB program into their health department. And there are a few that don't have TB cases that still have a TB board and levy.

DR. McCURDY: I do want to indicate one minor typographical problem easily fixed. On page 25 in 696.170 letter A number 1, the second line, it's the word "health" in healthcare professionals should be capitalized because it's immediately after the period.

MR. ARBISI: Okay. Thank you.
DR. McCURDY: Uh-huh. And then refresh my memory also, on page 29 there is reference to emergency orders that could be issued by the local TB control authority or by IDPH, and those orders would encompass what kinds of actions again? Is that isolation, quarantine, closure of a facility or program?

MR. ARBISI: Yeah. It's primarily concerned with isolating a patient who is noncompliant, who is infectious, and they have 48 hours to the nearest business day to get a court order to issue an order for isolation. We also could issue at that time an order for requirements for treatment, for directly observed therapy, for follow-up examinations. But it's primarily concerned with controlling the spread of TB, so isolating that patient from the rest of the population.

DR. McCURDY: Thank you.

Any questions or comments from the board?

(No response)

DR. McCURDY: I'll entertain a move to approve.

DR. KRUSE: So moved.

DR. McCURDY: Dr. Kruse.
A second?

DR. SAHLOUL: Second.

DR. McCURDY: Second from Dr. Sahloul.

Discussion?

(No response)

DR. McCURDY: All in favor, please say aye.

(Whereupon a voice vote was held.)

DR. McCURDY: Opposed?

(No response)

DR. McCURDY: So we have passed on four of the eight rules. We're making progress. We're doing pretty good.

We're going to skip the Health and Hazardous Substances Registry rule and go down to Assisted Living and Shared Housing Establishment Code. Some background anyone wants to provide in Springfield?

MS. MEISTER: Okay. I don't see anybody from Healthcare Regulation, so this is Susan.

This rule for the most part is in response to a statutory change that allowed what's called in the statute a floating license. And most of the language that we've used here in the rule is from the
statute since it was very well explained there.

But this would allow a resident in an
assisted living facility to receive additional
services under the floating license for that
particular resident's unit or apartment or whatever in
the assisted living facility. And then after the
resident no longer needs those additional services,
the license would -- would not -- would not be for
assisted living. It would be for whatever else -- if
it's say like an independent -- a facility that would
combine independent living with assisted living and
then that allows the facility some flexibility based
on the needs of its residents so that the resident
would not have to move in order to receive additional
services.

We also took out language related to the
healthcare worker background check process because we
now have a totally different set of rules that sets
forth all activities related to healthcare worker
background checks, so we no longer include those
specific provisions in each rule.

We've also updated some other provisions
related to definitions and reference materials, just
cleaning up some other things in the rule.
DR. McCURDY: Thank you.

Any discussion from the board?

(No response)

DR. McCURDY: A move to approve?


DR. McCURDY: Moved from Karen Phelan.

A second?

DR. WHITELEY: Whiteley seconds.

DR. McCURDY: Second from Dr. Whiteley.

All in favor, please say aye.

(Whereupon a voice vote was held.)

DR. McCURDY: Opposed?

(No response)

DR. McCURDY: I believe the ayes have it, so we will forward this for consideration by JCAR as well.

On to the Illinois Water Well and Pump Installation Contractor's License Code. Now, there's a mouthful. And who will want to fill us in on this one a bit before we discuss it?

MR. McCANN: This is Ken McCann from the Division of Environmental Health.

Since the rules subcommittee meeting, the primary topic of concern was addressing worker safety
in the rule. Specifically, we had proposed referencing OSHA regulations. Based on that discussion, we did go back and consult with our legal folks and actually determined that we -- we don't have the statutory authority to do that, that OSHA essentially preempts our authority to regulate worker safety in the state of Illinois. So we did remove Section E that you had seen previously.

The other change that we made in terms of worker safety is that we did add a statement or a -- under Section 915.80 for continuing education, we did include an opportunity to include -- address safety hazards specifically in that section.

DR. McCURDY: So that's an added section.

What number was that again?

MR. McCANN: Section 915.80.

DR. McCURDY: Okay.

MR. McCANN: Under Section A.

DR. McCURDY: Thank you.

MR. McCANN: And then the final change was a discussion on the -- acquiring the three affidavits to determine moral character. We subsequently determined that there is a requirement to determine moral character for these applicants in the statute,
but we actually covered that in the requirement associated with receiving information from a previous employer. So we did remove that requirement to obtain three additional affidavits. We felt that that was covered elsewhere.

DR. McCURDY: And you also point out that's sort of the question we had about the specificity of who these responsible persons were to be.

MR. McCANN: Correct.

DR. McCURDY: I noticed, by the way, that in the version that we have received from this meeting it's clearly marked that letter C is stricken, but letter E just disappeared but there's no notice to us that it was stricken. So I appreciate your mentioning that that was removed.

This may all be a foreign language to those who weren't in the rules committee meeting. But at any rate, we're up-to-date on it in the rules committee as well.

Any discussion of this rule?

(No response)

DR. McCURDY: I'll entertain a move to approve.
DR. SANDERS: So moved.

DR. McCURDY: So moved by Dr. Sanders.

DR. KRUSE: Second.

DR. McCURDY: Second by Dr. Kruse.

All in favor, say aye.

(Whereupon a voice vote was held.)

DR. McCURDY: Opposed?

(No response)

DR. McCURDY: We'll forward this one to the -- for JCAR's consideration.

And we come to the last listed rule, although we have one more to consider after it, the Illinois Well Water Construction Code. This time it's not about licensure of contractors but about the construction itself. So somebody want to fill us in on this one?

MR. DALSIN: Yeah, Jerry Dalsin of IDPH.

At the committee meeting, the last meeting with the Board of Health, there were no substantial changes recommended other than a few editorial comments, and we made those comments as recommended by the board.

DR. McCURDY: I do want to comment on one of those, on page 35, the may/shall question that
appeared in our meeting summary, and I see that that
language was changed. At 920.160 letter A under
approval, you made some changes related to the use of
shall and may, but I did find myself still wondering
then about the idea that the unit of local government
or the LHD it says shall charge a water well
construction, et cetera, permit fee. Previously it
appeared they had the option either to charge one or
not. Is there a reason why now they -- it has become
a shall?

MR. DALSIN: Well, they have to charge a
fee. We took may out because there has to be a fee
and --

DR. McCURDY: Okay. That was my question.

MR. DALSIN: Yes.

DR. McCURDY: The second sentence says
that the fee shall be charged because it's required
specifically in a section of this rule.

MR. DALSIN: Yes.

DR. McCURDY: But this sentence does not
refer to such a requirement by the rule itself, so
that's what makes me raise the question.

Am I making sense?

MR. DALSIN: Well, could you repeat that
again, please?

DR. McCURDY: I'll try.

MR. DALSIN: Okay.

DR. McCURDY: The last sentence in that paragraph says the unit of local government shall charge a closed-loop well construction modification --

MR. DALSIN: Okay.

DR. McCURDY: -- permit fee as required specifically --

MR. DALSIN: Yes.

DR. McCURDY: -- in a section of the rule.

MR. DALSIN: Yes. And that --

DR. McCURDY: But the previous sentence does not reference a requirement of the rule itself to charge a fee, and previously it had appeared to be optional whether they charged a fee or not.

MR. DALSIN: Well, previously --

DR. McCURDY: So are we telling them to charge a fee or is that something that -- that's my question.

MR. DALSIN: We are telling them to charge a fee.

DR. McCURDY: Okay. And we did not before?
MR. DALSIN: We used may before.

DR. McCURDY: Yes. We gave them the option and for some reason we have decided not to give them the option.

MR. DALSIN: That's correct.

DR. McCURDY: And what's the reason that we aren't giving them the option?

MR. DALSIN: Well, they're going to be charging a fee. We don't know of any instance where they're not charging a fee. We just want to make sure it doesn't exceed a hundred dollars.

DR. McCURDY: Okay. So you're actually empowering them to charge a fee.

MR. DALSIN: Yes, sir.

DR. McCURDY: Okay. And the shall sort of reinforces the empowerment.

MR. DALSIN: Yes.

DR. McCURDY: All right. That was my question.

Other discussion?

(No response)

DR. McCURDY: Somebody want to move to approve?

DR. EVANS: I move.
DR. McCURDY: Dr. Evans moves.

Second?

MS. PHELAN: Second.

DR. McCURDY: Second by Karen Phelan.

Further discussion?

(No response)

DR. McCURDY: All in favor?

(Whereupon a voice vote was held.)

DR. McCURDY: Opposed, nay.

(No response)

DR. McCURDY: I believe we're doing all right for time, which is probably a good thing because we have the one rule that has the most changes in it from our last meeting still to discuss. And that is the rule that has the Health and Hazardous Substances Registry.

Let me just say a word about this one myself. We in the rules committee discussed this at some length, and one of our members who is not here today, Dr. Orris, has some particular concerns which -- some of which were discussed in the meeting and some of which he forwarded to staff at IDPH for their consideration. And they have in fact responded and some of their response is captured in changes in the
rule itself that have come to you today. And I'll let you in Springfield discuss what those changes are that you have made.

MS. BOSTWICK: Thank you, Dr. McCurdy.

This is Jayneece Bostwick.

And a couple of changes were made as a result of the first rules committee meeting on the 17th.

And that was to add the definition for race and ethnicity on page 5 and page 9. So we did incorporate that into our definitions.

And on page 14, where we had talked about the availability of registry information, 840.30, by the department before approval, and paragraph C was added at Dr. Orris's request.

On page 15 --

DR. McCURDY: Excuse me. Could I interrupt you for just a second?

MS. BOSTWICK: Certainly.

DR. McCURDY: I'm not finding a definition of race in the version that came to me.

MS. PHELAN: Ethnicity, yes.

MS. BOSTWICK: On page 9 race is defined.

DR. McCURDY: Page 9? I don't have it.
MS. PHELAN: Third one down. We have it.

DR. McCURDY: Yeah. I have public health surveillance rapid case ascertainment record uniqueness. Okay. I have a different version then.

MS. PHELAN: There's a corrected copy that came through at 9:56 on December 6th.

DR. McCURDY: Yep, don't have it. Okay.

Good. Thank you.

MS. BOSTWICK: You're welcome.

DR. McCURDY: Go ahead.

MS. BOSTWICK: Okay. Then back on page 14, paragraph C, we added "by the department before approval" at Dr. Orris's request.

And on page 15, we struck number 6 and then renumbered the rest of the paragraphs there, and added the word "status" in number 8, "the request documents the researcher's commitment to provide updated status reports," also at Dr. Orris's recommendation.

Page 16, we added some language in paragraph C, "where it becomes known to the researcher, or officers, agents, and employees of the institution." That was at Dr. Orris's suggestion.

He wanted the 48 hours changed to 72, but
after discussion, we decided that we wanted to leave it at 48 hours.

Letter D, we added at the very end "and reporting of this violation to federal authorities if HIPAA is applicable." We agreed with his suggestion to add that.

DR. McCURDY: And where is that again, please?

MS. BOSTWICK: On page 16, letter D.


MS. BOSTWICK: And then on letter E, "if required by the department, the researcher shall agree to return all data and all copies and reproductions of the data to the department upon termination of the agreement." Again Dr. Orris's suggestion that we went ahead and incorporated into the changes.

And then on page 18, letter M, we added "APORS", the acronym APORS, there because that paragraph is referring to the APORS program.

Are you following me?

DR. McCURDY: So far.

MS. BOSTWICK: Okay.

DR. McCURDY: Thank you.
MS. BOSTWICK: Uh-huh. And on page 33 and 34 and 35, there were a few just grammatical changes that were made at Karen's suggestion from the first November 17th meeting.

MS. PHELAN: Thank you.

MS. BOSTWICK: You're welcome. Thank you for the suggestion.

On page 37, we made a couple of additions to C, D, and E to specifically reference elevated blood lead levels as opposed to just occupational diseases because that's what we are referring to and there was a little confusion about whether we were just referring to elevated lead or whether we were referring to all occupational diseases, so we clarified that.

DR. McCURDY: And Dr. Orris was recommending that all occupational diseases be referenced, as I recall.

MS. BOSTWICK: Yes. Dr. Orris would like for us to collect all occupational diseases from physicians and hospitals, and that's one of those things that without a great deal of additional funding we wouldn't be able to do.

DR. McCURDY: Sure. Okay. Anything else?
MS. BOSTWICK: I think that's it.

DR. McCURDY: And you may have mentioned this and I may have been trying to find my place and missed it, but at some point I recall there was a discussion about whether reports of a violation related to the research had to be made within 48 or 72 hours.

MS. BOSTWICK: Yes.

DR. McCURDY: And the rule said 48 and there was some discussion of, well, should it be three days instead of two days. And how did that get resolved?

MS. BOSTWICK: We made a decision to leave it at 48 hours.

DR. McCURDY: Okay.

MS. BOSTWICK: Yeah, it's consistent with other divisions and other rules and other states.

DR. McCURDY: First thing I'll say, it seems fair to me.

MR. CARVALHO: This is Dave Carvalho.

If I could add, while there certainly was an unusual level of detail between a member of the committee and our staff, this is so exactly up Dr. Orris's alley in terms of precisely what he does, and
our office -- this division is in my office -- has worked with Dr. Orris quite a bit in the past and so we have quite a history of relationship. And so that's why -- probably why it got into this level of detail. But we very much appreciate the attention that he paid to this regulation and perhaps why we accommodated as many of his suggestions as we did.

DR. McCURDY: And we appreciate it also, because in the end this will be a better product as a result of this deliberation.

MR. CARVALHO: Yes.

DR. McCURDY: Any other comments from anybody about the rule? Suggestions?

(No response)

DR. McCURDY: Ready to act on it?

Somebody move to approve?

DR. SAHLOUL: So moved.

DR. McCURDY: Dr. Sahloul.

A second?

DR. WHITELEY: Second.

DR. McCURDY: Second Dr. Whiteley. All right.

All in favor, say aye.

(Whereupon a voice vote was held.)
DR. McCURDY: Opposed?

(No response)

DR. McCURDY: I think the ayes have it.

I believe we have concluded our consideration of the raft of rules.

MR. CARVALHO: On behalf of the department, while we always thank you for all the work you do on the rules, and especially this broad set of rules, and while I'm sure if any of our staff is still in the room every one of these rules is central to their lives, I can appreciate that the range of topics here might be broader than the interest of individual board members, and so we appreciate you going the extra mile to become familiar with everything from issues on HIV to how wells are dug.

DR. McCURDY: And now I'm wearing my hat as the rules committee chair. I want to say to you all at IDPH, don't you ever do this to us again.

MS. MEISTER: Oh, I think we have almost as many for the next meeting.

DR. McCURDY: Well, thank you, Susan. And Susan certainly has to carry the torch for all this stuff and every last bit of wording here she has to pay attention to, so thank you for that.
MR. CARVALHO: I think you all have heard me say when I first got involved in government 25 years ago that that book was two volumes and now it's nine volumes. And so we're all four and a half times better off than we were 25 years ago. But every one of those statutes requires rules. So we don't do this necessarily because we want to but because we're required to.

DR. McCURDY: This concludes the rules committee report. And I believe we are ready to move on to the Preventative Health and Health Services Block Grant application with Tom Schafer and Conny Moody in Springfield.

MS. MOODY: Yes, good afternoon, Dr. McCurdy and members of the board. This is Conny Moody with the Office of Health Promotion, IDPH. And Tom Schafer had to attend a different meeting today, so he sends his apologies for not being here.

We are asking your consideration today for approval for the department to submit its federal fiscal year '12 application for the Preventative Health and Health Services Block Grant. As you know, we appear before you every year around this time in
anticipation of filing that application with the
Centers for Disease Control and Prevention.
This year our funding amount that we are
requesting is unchanged actually from the last, I
believe, five years now, and it's 1.875 million. And
these funds are used by the department, actually
distributed across two offices, our office, the Office
of Health Promotion, for addressing youth violence
prevention, addressing funding for sexual assault
efforts with the Illinois Coalition Against Sexual
Assault, and then also within the Office of Policy,
Planning, and Statistics to support the IPLAN process,
the Illinois Project for Local Assessment of Needs,
with community -- local community health assessments.
The Behavioral Risk Factors Surveillance Survey gets
funding, and also the hospital report card project is
partially funded through this grant application.

We are required to go through two approval
steps. The state of Illinois must hold a public
hearing. And so that was -- a hearing notice was
published for seven days and then we held a hearing on
November 30th in our offices to invite the public to
comment on this application. That hearing progressed
as planned and we did not have any public comments
submitted either in person or in written format to the department. And then the second step in the approval process is to present the application to the board and to seek your approval for submission.

This is anticipatory at this point in time. Because of the federal budget issues, the CDC has actually placed a hold on all state applications at this time, anticipating that they will open up the application process again within the next month or so. So our application is -- will be ready to go, and with your approval, we'll be prepared to submit that when that application is open again.

DR. McCURDY: Karen Phelan has a question or comment.

MS. PHELAN: Conny, I just have a question. Was there anyone in attendance at the public hearing?

MS. MOODY: We did not have any persons who appeared. We did have a couple of phone calls from interested parties who requested more information about the application. But as in years past -- I think I've been aware of this process for the past ten years, and, to my knowledge, we've never had anyone actually appear in person and submit comments.
MS. PHELAN: Thank you.

MR. CARVALHO: And if you listened closely to everything Conny said, then the next question, the answer is yes, we're in trouble with several of our programs if this money is not included in next year's budget.

For as long as I've been here, I believe the president's office, both Bush and Obama, have submitted proposed cuts or elimination of this program and, historically, the congress has added it back. It suffers from what I would call the problem of no obvious recipient. In other words, when there's money in the budget that they know is going to go to a specific company or a specific industry, that industry shows up in Washington to lobby for its preservation. This kind of money where they give it to the states to do what the states want, it doesn't go to any obvious person because in every state it goes someplace different. And then also, as a legislator in Washington, it probably looks like you're helping the states solve their problems, and legislators in Washington prefer to solve their own problems. So every year it's been on the chopping block, and so far every year it's been preserved, but we do not have any
assurances it will be preserved this year. And we do not -- given we do not have the budget sufficient to carry our own needs, do not have the alternatives for funding the portion of the hospital report card this covers, the portion of IPLAN this covers, the portion of SHIP this covers, and the similar programs that are currently funded. We should know more by the next Board of Health meeting because that's in three months and we'll have a better idea of what happens in Washington.

DR. McCURDY: Dave, would it be fair to say that a contact has been made with our own legislators in Washington and they are -- have all sworn that they will support it?

MR. CARVALHO: Well, the first half is true. We do have -- we do have an office in Washington that represents the state interests. Kate Verner staffs that office and we've been in dialogue with her about this and provided her with information about what we do with this that can be shared with the congressmen for our state so they know the important things that this supports. But as you all know, the situation in Washington with respect to the budget is
a little toxic right now, so we just do not know how it's going to turn out.

MS. MOODY: I think I'd like to add also that a number of our partner organizations are doing very strong advocacy work around this. One of the projects that's funded through the portion of funding that goes to my office is for the sexual assault programs, and the National Coalition Against Sexual Assault has been working very hard on The Hill to stress the importance of continuing funding for the block grant. A number of the public health organizations, including APHA, and also organizations that are tied to CDC such as the National Association of Chronic Disease Directors, to which I belong, they're also engaged in national efforts to ensure that funding continuation.

DR. McCURDY: Thank you.

MR. HUTCHISON: Dr. McCurdy, this is Kevin Hutchison. I have a question.

DR. McCURDY: Go ahead, Kevin.

MR. HUTCHISON: I certainly speak in support of this application. It is very important that these efforts continue.

One question I guess to Conny: The health
objectives or national health objectives, are those linked to Healthy People 2020 or are those some other set of national objectives?

MS. MOODY: No, those are linked to Healthy People 2020, and those were -- actually, our programs all updated those this year to create that linkage to 2020. And as I'm looking here on my summary of allocations, I noted that on the summary page, page 6, we have not updated the titling which still says Healthy People 2010. So thanks to you, Kevin, I'm going to correct that mistake in our application.

MR. HUTCHISON: Okay. Well, that's great. That was my assumption that it was 2020. I just wanted to confirm that.

MS. MOODY: Yes.

MR. HUTCHISON: And also, the block grant funding, it's a separate stream from the prevention and public health fund as part of the Affordable Care Act; is that correct?

MS. MOODY: Yes, that is correct.

MR. HUTCHISON: We received notice today from the National Association of County Health Officers that the congress is considering cutting the
prevention funds to offset the increase for the Medicaid/Medicare payments to physicians. So it's one of those situations I think, as David mentioned, we're really going to be challenged that we really don't oppose, you know, increases in compensation or maintaining compensation for medical practitioners, but then they're pitting that against, in a sense, funding for prevention. So it's kind of an untenable situation and one that certainly will impact us here in Illinois as these federal funding cuts matriculate through the budgeting process. Thank you.

DR. McCURDY: Thank you, Kevin.

Is our next step then to move to approve this grant application?

DR. KRUSE: So moved.

DR. EVANS: Second.

DR. McCURDY: Let's see. Moved by Dr. Kruse, seconded by Dr. Evans.

Any discussion?

(No response)

DR. McCURDY: All in favor, please say aye.

(Whereupon a voice vote was held.)

DR. McCURDY: Opposed?
1 (No response)

2 DR. McCURDY: Well, thank you, and good
3 luck in being able to prosecute this application when
4 the time comes.

5 MS. MOODY: Thank you very much.

6 DR. McCURDY: What did I say? Oh, it's
7 approved. Okay. I have been told I -- it is
8 approved.

9 Let us go on to other items. And this is
10 our internal work of the board. This is the meeting
11 every year where we have typically conducted our
12 election of officers and then also looked at meeting
13 dates in the future.

14 So the election of officers. Nominations
15 for the chair would be open.

16 I will add that I did have some brief
17 correspondence with Dr. Orgain and she indicated that
18 she would be open to being nominated if it was the
19 will of the group. I didn't hear that as a campaign,
20 but I did hear it as openness.

21 DR. KRUSE: So nominate.

22 MS. PHELAN: Second.

23 DR. McCURDY: Dr. Kruse has nominated Dr.
24 Orgain, Javette Orgain, as chair, and it was seconded
by Karen Phelan.

Other nominations?

(No response)

DR. McCURDY: Then all in favor -- I guess we will just say we move that the nominations be closed. The nominations are closed.

All in favor of the nominee, please say aye.

(Whereupon a voice vote was held.)

DR. McCURDY: Opposed?

(No response)

DR. McCURDY: Hearing no objections, Dr. Javette Orgain will once again be the chair of the State Board of Health in the coming year.

And then we also elect a co-chair.

DR. SAHLOUL: I nominate you to be the co-chair.

DR. SANDERS: Second.

DR. McCURDY: Thank you, Dr. Sahloul. And seconded by Dr. Sanders.

I will not decline. So how's that?

Any other nominations?

(No response)

UNIDENTIFIED SPEAKER: Move nominations be
closed.

DR. McCURDY: Moved that the nominations be closed. Is there a second?

UNIDENTIFIED SPEAKER: Second.

DR. McCURDY: All in favor, say aye.

(Whereupon a voice vote was held.)

DR. McCURDY: Okay. Motion is carried. So are we ready to proceed to -- now, do we have to do for the rules committee also or policy committee? I can't remember.

MR. CARVALHO: Now you actually have to have the election. You just closed the nominations.

DR. McCURDY: Oh, okay. So all in favor of the nominee, which is McCurdy, please say aye.

(Whereupon a voice vote was held.)

DR. McCURDY: Opposed?

(No response)

DR. McCURDY: The ayes have it. So McCurdy is the co-chair for the coming year.

And then we move to -- well, planning for the next SHIP, we've talked about that. We've done that.

So meeting dates for next year. You have received a roster of meeting dates. These would be
the currently scheduled meetings of the State Board of Health, the rules committee, the policy committee, State Board of Health meetings in March, June, September, and December, as in the past, and all on the third Thursday -- I'm sorry, the second Thursday of the month. Policy committee meetings on the second and sometimes the third Wednesday in February, April, July, October. And then the rules committee schedule the third Thursday, a late afternoon meeting, in February, May, August, and November. So those are the proposed meeting dates. Is there any objection to those dates?

(No response)

DR. McCURDY: If there's not, then we will go ahead and institute them as the ones that are established.

MR. CARVALHO: How about a motion to approve?

DR. McCURDY: Do we need a motion? Okay.

Move to approve?

DR. FORYS: Moved.

DR. McCURDY: Thank you, Dr. Forys.

A second?

MS. PHELAN: Second.
DR. McCURDY: Okay. All in favor, say aye.

(Whereupon a voice vote was held.)

DR. McCURDY: Motion is carried.

Now, Dave, I didn't recall in the past we'd actually acted formally on those, so that was my mistake.

MR. CARVALHO: Or our mistake in the past.

DR. McCURDY: Oh, we may have. But in any case, we've now done it.

A legislative update.

MR. CARVALHO: As you know, every year we prepare an agenda for the agency, collecting the legislative goals from the several offices within the agency, and then we clear them with the governor's office because we are a hierarchal government. We have not completely finished that process of getting clearance from the governor's office as to the items we can pursue, so I would be reluctant to describe in an open meeting what we'd like to pursue until we actually get clearance from the governor's office. I will bring the specific items to the next policy committee meeting so that they can be discussed in some detail.
However, as always, the items that do not get cleared for reasons of volume, which is to say they don't like us pursuing 50 or 60 items at once, we nonetheless will work with partners in the public health community to see that they're introduced and provide our support.

And the ones that get rejected because the governor's office disagrees with you will never hear from me again.

Then I've already summarized at the veto session we did get a restoration some of the cuts. We also got restorations of some things we didn't seek restoration of where -- grants where we would serve as pass-throughs to specific entities, and the legislature added those back to our budget, which is their prerogative.

And other than that, I have nothing to report.

DR. McCURDY: Okay. Well, we have moved through the whole agenda in less than an hour and a half, so are there any other --

DR. SCHNACK: Dr. McCurdy?

DR. McCURDY: -- items for the good of the order?
DR. SCHNACK: Dr. McCurdy?

DR. McCurdy: Yes.

DR. SCHNACK: This is Dr. Schnack in Springfield.

DR. McCurdy: Yes.

DR. SCHNACK: We had some muting problems when we did the approval of the minutes summary, and I just wanted to ask if I could get in the minutes that I was present at the last board meeting. My name was left off.

DR. McCurdy: Surely.

DR. SCHNACK: Thank you.

DR. McCurdy: I think we can accept that as a friendly whatever you call it.

DR. SCHNACK: Thank you.

DR. McCurdy: Meeting summary from the September meeting should include Monica Schnack.

One other thing I want to say personally and that is a word to our current acting director. Welcome to this role and may you flourish in it for as long as it is given to you.

DR. SOYEMI: 60 days.

MR. CARVALHO: So we all -- actually, because the State Board of Health meets every 90
1 days --

2 DR. SOYEMI: Yeah.

3 MR. CARVALHO: -- this is your one chance
to be at the State Board of Health.

4 DR. McCURDY: Well, it's good to have you
here, and, again, I hope Springfield treats you well
during your tenure in this role.

5 DR. SOYEMI: Thank you.

6 MS. PHELAN: How many days have you been
in office?

7 DR. SOYEMI: A week.

8 DR. McCURDY: A week. Okay.

9 Well, unless there's other business, I
will consider this meeting adjourned. Thank you,
everyone.

10 (The meeting was adjourned at 2:27 p.m.)
CERTIFICATE OF REPORTER

STATE OF ILLINOIS  

COUNTY OF SANGAMON

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