DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

MONTHLY BOARD MEETING

SEPTEMBER 8, 2011

125 SOUTH MICHIGAN AVENUE
CHICAGO, ILLINOIS 60601

Start Time: 11:00 a.m.
1  A P P E A R A N C E S

2  SBOH Members                                           IDPH Staff
   Dr. Javette C. Organ, Chair                            David Carvalho
3  Rev. David McCurdy                                      Toni Colon
   Dr. Babette Sanders                                    Bill Moran
4  Dr. Caswell Evans                                      Andrea Danner
   Dr. Jane Jackman                                       Sean Dailey
5  Dr. Peter Orris                                         Paula Atteberry
   Dr. Tim Vega                                           Adelisa Orantia
6  Dr. Herbert Whiteley                                    David Culp
   Teresa Garate                                          Dr. Jorge Girotti
7  Stephen Konya                                           Dr. Jerry Kruse
   Karen Phelan                                           Kevin Hutchison
8  Dr. Monica Schnack                                      Cleatia Bowen
9  Harold Duckler                                         Mildred Williamson
10 Absent                                                 Don Jones
11 Ann O'Sullivan                                         Jonathan Gunn
12 Dr. David Forys                                        Stephen Konya
13 Dr. Mohammed Sahloul                                   Teresa Garate
14
15 Also Present
16 Megan Twohey                                          Gustavo Nascimento
17
18 Court Reporter:
19 Steven Brickey                                        Midwest Litigation Services
20 Midwest Litigation Services                            711 North Eleventh Street
21 St. Louis, MO 63101                                    314-644-2191
MS. ORGAIN: I'd just like to do a roll call to see who is -- can you start in Springfield, please?

MR. WHITELEY: Herb Whiteley.

MR. HUTCHISON: Kevin Hutchison.

MR. VEGA: Tim Vega.

MR. GIROTTI: This is Jorge Girotti signing on.

MR. KRUSE: Jerry Kruse here.

MS. ORGAIN: Hi, Dr. Kruse.

MS. SCHNACK: Monica Schnack here.

MS. ATTEBERRY: Dr. Orgain, on the phone we have Dr. Girotti, Dr. Kruse and Dr. Schnack.

MS. ORGAIN: Great.

MS. SANDERS: Yvette Sanders.

MR. MCCURDY: Dave McCurdy.

MS. PHELAN: Karen Phelan.

MR. EVANS: Caswell Evans.

MS. ORGAIN: We have a quorum based on our physical and telephone conference. So we'll begin the meeting. And as you speak, particularly those of you who are on the phone, please say your name. We will try to work with the mute button so that background noises are minimized when people are speaking. The first order of business would
be if Dr. McCurdy could do the meeting summary.

MR. MCCURDY: You have the meeting summary. Motion to approve. I would move to approve it.

MR. EVANS: Second.

MR. MCCURDY: All in favor say aye.

MR. WHITELEY: Aye.

MR. HUTCHISON: Aye.

MR. VEGA: Aye.

MR. KRUSE: Aye.

MR. GIROTTI: Aye.

MS. ORGAIN: Aye.

MS. SCHNACK: Aye.

MS. SANDERS: Aye.

MR. MCCURDY: Aye.

MS. PHELAN: Aye.

MR. EVANS: Aye.

MR. MCCURDY: Opposed? The ayes have it.

MS. ORGAIN: If there is -- be aware that for any of the meeting minutes if there is any grammatical or corrections that need to be done afterwards, they certainly can. So we'll move on in terms of the agenda. I believe that Dr. Arnold is being requested.

MR. CARVALHO: Dr. Arnold is at the
governor's office in Springfield. There is some activity.

    MS. ORGAIN: So we'll move onto the policy committee report. Karen?

    MS. PHELAN: The policy committee met Wednesday, July 13 and you all have a copy of those minutes that Cleatia sent over I'm sure. I ask the minutes to be approved?

    MR. MCCURDY: Move to approve.

    MR. EVANS: Seconded.

    MS. PHELAN: Any discussion? All in favor say aye.

    MR. WHITELEY: Aye.

    MR. HUTCHISON: Aye.

    MR. VEGA: Aye.

    MR. KRUSE: Aye.

    MR. GIROTTI: Aye.

    MS. ORGAIN: Aye.

    MS. SCHNACK: Aye.

    MS. SANDERS: Aye.

    MR. MCCURDY: Aye.

    MS. PHELAN: Aye.

    MR. EVANS: Aye.

    MS. PHELAN: Opposed? The ayes have it.

    Thank you. With regard to the patient centered
medical homes, Cleatia sent out a report by Dr. Kruse's recommendation for a blended care coordination payments, across the Board care coordination payments, plus care coordination payments for high risk, high vulnerability patients. Thank you, Dr. Kruse, for sharing that with us. Would you like to update us on that?

MS. ORGAIN: Dr. Kruse?

MR. CARVALHO: They're on mute in Springfield so we cannot hear them. Is the phone call connection in Springfield or Chicago?

MS. SCHNACK: We got it. Can you hear us now, David?

MS. CARVALHO: We can hear you.

MR. KRUSE: Can you hear me okay?

MS. PHELAN: Yes, we can now. Thank you.

MR. KRUSE: There's really not too much more to report since the last meeting. As Karen I think said, there's a lot of emphasis now on developing the widespread networks for care coordination for the patient centered medical homes mainly to improve access and the population level to identify the highly vulnerable patients, the ones with complex illnesses that need things more than just from the primary care office. You
need a link to mental health and the public health department as well.

The only other thing to say I think is the definition of the accountable care organizations has slowed. CMS has taken the lead on that and they've backed off a bit on their original recommendations and we're going to have to wait to see how that relates to the patient centered medical homes, but, you know, a lot of activities at DHFS and other places and we'll just keep an eye on all the things that are happening.

MS. PHELAN: Excellent. Thank you, Jerry.

MS. ORGAIN: David?

MR. MCCURDY: I would like to thank whoever took the initiative to send out the Robert Wood Johnson report on patient centered medical homes that we received and I'm not sure if that went to only the policy committee or everyone on the Board.

MS. ORGAIN: Everybody.

MR. MCCURDY: Everybody received it. So thank you for that.

MS. ORGAIN: Karen, I think every one should know that the state has put out an RFP for
care coordination which will involve community organization collaboration with healthcare and so everyone should know that. I apologize that I don't have the website where one could go and find that information, but go to HFS and see if it's there, but it's a care coordination RFP.

MS. PHELAN: Thank you. Next on our agenda would be the SHIP Implementation Coordinating Council. Is Leticia here for this?

MR. CARVALHO: She asked me to do this and I will. The SHIP Implementation Coordinating Council, first off, has been appointed and its first meeting is September 22nd, Thursday at 11:00 a.m. It is a public meeting. However, it is located in Blue Cross building which has security. So persons will need to present ID and things like that to attend and the first meeting will be largely organizational. Just as a reminder and an update, the department has contracted with the UIC School of Public Health to assist with supporting the activities of the SHIP Implementation Coordinating Council and Richard School and Joy Getzenberg will be working on that project. Joy, as many of you may recall, was for years and years the head of policy of the Chicago Department of
Public Health and she has recently moved to the U of I School of Public Health as an associate clinical professor. So the two of them will be assisting Leticia Reyes who is the point person in our agency and several of you I believe are on the SHIP Implementation Coordinating Council. However, all of you are welcome to attend.

MS. GARATE: Amy Gulledge from the governor's office will also be part of the operation as the coordinating council moves forward and functions as it's designed to function in the state section.

MS. ORGAIN: So that you know from a perspective of us who are on, I am on the coordinating council as the chair of the State Board of Health and Reverend McCurdy is on as had been recommended and he is actually the co-chairperson for us and I believe -- I'm not sure if there is anyone else.

MR. HUTCHISON: I am. Kevin Hutchison, on the global health department.

MS. PHELAN: What time is that meeting?

MR. CARVALHO: 11:00 a.m. on Thursday. September 22nd. Yes, we're scheduled to 1:00 and as Teri mentioned the --
MS. GARATE: The chair is Mr. Gelder, who is the governor's senior health policy advisor, and they have not selected a cochair as of yet.

MR. CARVALHO: Amy was recently married so if you get e-mails it will say Amy Fagan not Amy Gulledge, but some communication may come up from Amy as well ahead of time.

MS. ORGAIN: Okay.

MS. PHELAN: Next on our agenda is Mary Driscoll.

MR. CARVALHO: She is not here, but probably the highlight of the report is that our department was one of only a handful of departments that received a little over $700,000 in additional funding for healthcare acquired infection initiatives that we've been putting together. Among the things that -- the prior funding we received and supported is a movie we're working on which I saw last week in rough draft that is a training film which will be widely available to draw the connection between the work that people who clean the hospitals and infection control and in particular highlights a couple of Chicago area hospitals one of which has actually made the infection control department and the
janitorial services department report to the same person and so it's a pretty interesting film and we'll make it available on the link to all of you once it's posted in an accessible place.

Mary has a number of things going on in the healthcare acquired infection front including some collaboratives with more than a dozen hospitals in the area. We're also in that department looking at a possible initiative to use electronic health record technology or health information technology to develop a registry of persons who have particularly challenging infections and if Mary were here she is a clinician. She could give you the long names of those infections. I do not recall them, but there are some where we're seeing a lot of instances where people are in hospitals and in nursing homes and back in hospitals and it may be a different hospital and it may be a different handoff in terms of information about these particular persistent infections is not made well and that contributes to the spreading of disease.

So the idea was to develop a registry that could be accessed by providers so they could get that information about the
infections and the course of treatments that the
patients are on and the like in a more timely and
certain way.

So many interesting projects.

I'll ask Mary to report in person at the next
meeting so you can follow up with questions that
she will be able to respond to.

MS. PHELAN:  Excellent.

MR. CARVALHO:  I should also -- I
mentioned at the start of the meeting Dr. Arnold
is unable to attend.  A few moments ago Teresa
Garate, our assistant director, joined and I think
you have met her in the past and then moments ago
our new chief of staff joined.  I'll let him
introduce himself.

MR. KONYA:  Thank you, Dave.  I apologize
for my lateness here.  I'm still getting out of
the last agency I was in.  So there's a bit of a
transition.  For the last three and a half years,
I was chief of staff for the Illinois Department
of Commerce and Economic Opportunity.  Prior to
that, I was chief fiscal officer for the Human
Rights Commission and then prior to that I had
spent time in the Marine Corp reserves amongst
other things.
My background is finance and international business. I certainly have a lot to learn in terms of public health and public health policy, but certainly operationally speaking that's kind of my strong suit in terms of state government and I know there's a lot of challenges here, but I certainly look to contribute.

MR. CARVALHO: I didn't mention your name.

MR. KONYA: Sorry. I did meet one member here. We were in the elevator together. Stefan Konya. So very nice to meet all of you and I look forward to working with all of you.

MS. GARATE: And I apologize for Dr. Arnold not being here. The governor is announcing new very difficult budget cuts for other state agencies. So kind of not a good day. So he wishes he could be here. He very much believes he should be here. So we're here and Dave I think is well versed.

MS. PHELAN: That's all we have for the policy committee.

MS. ORGAIN: Since we don't have -- let's begin with the rules committee.

MR. MCCURDY: Dave McCurdy again. And on
the rules committee report -- and probably the first thing we should do is look at the minutes from the rules committee meeting from last month. We can see we considered a small raft of rules and when I reviewed them again before this meeting I realize there were a couple of things I missed in reviewing the draft of the minutes. So I want to note those. Not major, but on page two in the middle of the page under loan repayment assistance there are four bullet points and the second bullet point says page six low income patients and then makes a change. We should also note that the same change was made in the definition of low income persons. So I would want to make sure that we add that to these minutes and then the next bullet, the third bullet under the same item that says page ten, item B, that should be item B, number 1. Otherwise, you'll have a hard time finding that one I'm afraid.

So those were the only changes that I noted at least, but I would move that we adopt these minutes with those two changes being made.

MS. PHELAN: So moved.

MR. EVANS: Seconded.
MR. MCCURDY: Is there any discussions?
I guess not. All those in favor say aye.

MR. WHITELEY: Aye.

MR. HUTCHISON: Aye.

MR. VEGA: Aye.

MR. KRUSE: Aye.

MR. GIROTTI: Aye.

MS. ORGAIN: Aye.

MS. SCHNACK: Aye.

MS. SANDERS: Aye.

MR. MCCURDY: Aye.

MS. PHELAN: Aye.

MR. EVANS: Aye.

MR. MCCURDY: Opposed say nay. The ayes have it. So these minutes are adopted with the few changes and then we have, as I said, a small raft of rules. We skated right through these. I suppose skating is close to the word when we met in August. So I think we might as well take them from the top on the agenda and you'll notice they're not exactly in numerical order. The AIDS Drug Assistance Program is listed as last and I would say let's go ahead and follow the sequence that's in our minutes. So spinal cord injury paralysis cure research code, somebody in
Springfield want to or up here for that matter
want to speak to that one?

MS. ATTEBERRY: Good morning. Paula
Atteberry with the Office of Preparedness and
Response and I present these rules in part 570,
but for the requirement of the Illinois Department
of Public Health to award grants to medical
research facilities located in Illinois to conduct
research to find a cure for spinal cord injury
and these rules will implement Public
Act 910737 and we did do all the changes that were
recommended by the Board of Health subcommittee.

MR. MCCURDY: As far as I can tell, in
fact, they did and one thing I noticed in this
rule which I believe we did not address in our
meeting, but on page 11 just above 570.900, the
sequence of lettering is goes awry after letter E
at least as I look at it. The top item is letter
E, the grant agreement will contain da, da, da and
then the next ones are B, C and D where I think
they should be F, G and H. So not a major change,
but it should be corrected data.

MR. WHITELEY: David?

MR. MCCURDY: Yes.

MR. WHITELEY: Herb Whiteley. Can you
1 tell me what you're defining as medical research
2 as opposed to straight research? What
3 institutions are we talking about?
4 MR. MCCURDY: I'll let somebody in
5 Springfield speak to that. Paula perhaps.
6 MS. ATTEBERRY: For medical research, I
don't think we are going to define that total
8 because we're not sure what kind of grants are
9 going to be set forth, but we would hope we did
10 put in here that the medical research would be
11 with a hospital. So in hopes that that would make
12 sure that this was geared more towards medical and
13 not towards anything else. If there is some sort
14 of medical research you'd like us to define --
15 MR. WHITELEY: I guess my concern is are
16 we talking basic research using animal models,
17 that type of thing, or are we talking basically
18 translational research or applied research using
19 patients only? Are we talking --
20 MS. ATTEBERRY: I think it can be both.
21 MR. CARVALHO: My concern would be that
22 there are a lot of institutions that don't have
23 medical and a research institution may not be --
24 MS. ATTEBERRY: Your concern is if we
25 went with animal that that would not be considered
MR. WHITELEY: I would say it's a medical institution. It may not be. It could be some other institution or research institution.

MS. ATTEBERRY: I see what you're saying. I understand.

MR. WHITELEY: My concern would be --

MS. ATTEBERRY: I think it could be both and I don't think we took that into consideration that a medical research would not include animal research because I believe that that was not our intent.

MR. WHITELEY: Because it could happen in an institution that doesn't have a hospital associated with it.

MS. ATTEBERRY: I think, though, some committee they wanted us to assert that to make sure it was associated, but I could be wrong. We could go back and look at that again.

MR. MCCURDY: Paula, as I recall --

MS. ATTEBERRY: If you feel that would limit the grant applicants.

MR. MCCURDY: Paula, as I recall -- this is Dave McCurdy. As I recall, our concern was about the definition of the institutional review
Board. So you all thought the best way to handle that would be to associate it with hospitals, but I don't recall that we had a concern about research itself. Dr. Whiteley, would you have any recommendations perhaps about wording or would you prefer that this be more general and be something we consider?

MR. WHITELEY: I would consider research period I guess and basic or applied it could be associated with models that one might study spinal injury for things where you're trying -- or stem cells. If you look at stem cell therapy to treat spinal cord injury, that's going to happen initially, potentially --

THE COURT REPORTER: I can't hear.

MS. ATTEBERRY: Would you like us to take out medical and not for profit research institutions?

MR. CARVALHO: Are you not hearing what he said?

THE COURT REPORTER: Yes.

MR. CARVALHO: Okay. So you need to go back a little bit?

THE COURT REPORTER: Yes. Take out medical and not for profit institutions --
MR. CARVALHO: The question is should there be a substitution of language that would take out medical or not for profit was the question, was that right?

MR. WHITELEY: I'll let you guys talk about it, but we want to raise that issue.

MS. ATTEBERRY: I don't think we have any problem taking out medical. I just don't think --

MR. WHITELEY: Basic research and --

basic and applied would cover all.

MS. ATTEBERRY: Put basic and applied and take out medical?

MR. WHITELEY: Yeah.

MS. ATTEBERRY: I don't have a problem with that.

MR. WHITELEY: Basic and applied.

MR. MCCURDY: Dr. Sanders?

MS. SANDERS: Is there anything in the public law that addresses -- that further defines that constitutes research that we would need to go back to to make sure we're consistent with the intent of the original research -- or the original law? Sorry.

MR. CARVALHO: Thank you, Dr. Sanders. I was about to make a suggestion which is I think
trying to draft precisely the wording on the fly here is probably not a great idea, but the point is being made by Dr. Whiteley that we make sure that our language is broad enough to capture all the types of research that might meet the legislative intent, which is to try to find a cure for spinal cord injuries should be considered by the department and see whether maybe it's a broadening of the language consistent with the legislative intent to a broader range of potential research institutions and a broader range of potential types of research should be considered by the department before we publish these rules.

MR. WHITELEY: Thank you, David, for that. That's what I was getting at.

MR. ORRIS: If on the other hand the legislative language is consistent --

MR. CARVALHO: Dr. Orris.

MR. ORRIS: -- the other is, of course, here is that this was originally written consistent with the legislative language since the legislature is not too accurate in their terminology frequently. So we should make -- if that is the case here, we should make sure that medical is defined to include the necessary
MR. CARVALHO: We will do that and if you recall especially for those from whom this may be the second or third time here, what we do with your recommendations is we ultimately then publish something in first notice.

So if you should see in first notice that we don't capture what you had in mind, there's an opportunity for you and anybody in the public to make comment during that notice period to yet again make sure that we capture what you had in mind.

MR. ORRIS: Just when I agree with my morning coffee a first notice again.

MR. CARVALHO: That's right. Dr. Evans?

MR. EVANS: I was just going -- I was just going to comment that I could support dropping a word, but I would have problems adding words at this point in time. If we drop medical, I think that's fine, but I would have problems adding any verbiage in.

MR. CARVALHO: Once you take action, we will follow your motion and this conversation to make sure the rule contracts what you suggested before we publish it.
MR. MCCURDY: Are there other comments on this rule before we move to forward it? Then I would move that we forward this to the next level for consideration, but also noting that the department will reconsider some parts of the language to be sure it's consistent with the legislative intent and broad enough to encompass what actually needs to be done here.

MR. ORRIS: Second.

MS. ATTEBERRY: Can I just say one more thing before you vote?

MR. MCCURDY: Yes.

MS. ATTEBERRY: The part that he is talking about, non-profit medical research, if you go down there it does say conduct basic or applied research to aid the body of knowledge in the field of medicine. So do you think that that will be okay the way it stands since we did put it in there later in that same paragraph?

MR. MCCURDY: Where are you looking?

MS. ATTEBERRY: The same paragraph that says page three at the top it starts with non-profit medical research, that's where he was concerned. Well, if you go down to the last -- pretty much the last sentence. It says revenue
coating conducts basic or applied research to aid
the body of knowledge in the field of medicine.
So I think that would capture that.

MR. MCCURDY: Does that seem to address
the concern?

MS. ATTEBERRY: That would allow for
animal research. I definitely want your
suggestions because I'm not a research person.

MR. HUTCHISON: This is Kevin Hutchison.
I think it may, but I think it probably again
harbors back to what the legislative intent is
making sure that the part of the rule conforms the
best we can interpret at this juncture, the
legislative intent. I think your point is well
made. It may do that, but the layman's or
whatever we define as medical research institution
is not just affiliated with a hospital. It may be
affiliated with veterinary facilities or other
types of institutions as noted here on the top of
page three.

MR. VEGA: I guess that's the point is
what institution is going to be eligible to apply?

MR. HUTCHISON: This is a corporation,
association, partnership, not-for-profit
organization, government entity or other legal
MR. VEGA: That's pretty broad.

MS. ORGAIN: Can I remind you to please say your name for transcription purposes and that goes for both sites. Thank you.

MR. MCCURDY: I believe we had our discussion unless there's further discussion. Are we prepared to vote?

MS. ATTEBERRY: So is it okay the way we wrote it or do you need -- I guess I'm still confused.

MR. CARVALHO: You need to say your name each time.

MS. ATTEBERRY: Sure. Paula Atteberry.

I apologize.

MR. CARVALHO: I think we should take this conversation and consider with our attorneys in looking at the statute whether the word medical constrains beyond what the legislature intended because while the words that are defining nonmedical research institution are quite broad, the word medical in the defined term may give the implementation that Dr. Whiteley mentioned that this is more limited than we may have intended.

So I think we may want to
consider whether the word medical comes out, but
let's talk with our attorneys and review the
statute, but we know what the intent of the Board
and their approval motion is and we'll act upon
that.

MS. ATTEBERRY: Thank you.
MR. MCCURDY: All in favor please say aye.

MR. WHITELEY: Aye.
MR. HUTCHISON: Aye.
MR. VEGA: Aye.
MR. KRUSE: Aye.
MR. GIROTTI: Aye.
MS. ORGAIN: Aye.
MS. SCHNACK: Aye.
MS. SANDERS: Aye.
MR. MCCURDY: Aye.
MS. PHELAN: Aye.
MR. EVANS: Aye.
MR. MCCURDY: Opposed say nay.
MS. ATTEBERRY: By the way, this is Jane
Jackman who joined about 15 minutes ago. Thank
you, Dr. Jackman.

MR. MCCURDY: The motion is carried.

We're onto the next. Thank you for the input and
the next one is loan repayment assistance for dentists and would somebody like to provide some introductory comments in Springfield?

MR. JONES: Yes, this is Don Jones with the Center For Rural Health and this proposal is basically to incorporate and revise in definition that we're currently in the rule and also to add in the applicable provisions of the Grant Fund Recovery Act. I will note for the Board that this program has not had any funding in fiscal year '09. There was no appropriation in FY '11, no appropriation in FY '12 and we don't anticipate an appropriation in FY '13 and I'll be happy to answer any questions you have.

MS. GARATE: That was short.

MR. MCCURDY: That was good, Don.

MR. JONES: Thank you.

MR. MCCURDY: Any discussion on this rule? We had suggested some changes and they appear to have been made. Then we'll move that we adopt this one and for the record --

MR. EVANS: So moved. Caswell Evans.

MR. ORRIS: Second.

MR. MCCURDY: Second by Peter Orris.

MS. ORGAIN: Say it out loud, please.
MR. ORRIS: Peter Orris.

MR. MCCURDY: Discussion? All in favor say aye.

MR. WHITELEY: Aye.

MR. HUTCHISON: Aye.

MR. VEGA: Aye.

MR. KRUSE: Aye.

MR. GIROTTI: Aye.

MS. ORGAIN: Aye.

MS. SCHNACK: Aye.

MS. SANDERS: Aye.

MR. MCCURDY: Aye.

MS. PHELAN: Aye.

MR. EVANS: Aye.

MR. MCCURDY: Opposed? The ayes have it and we're onto the next. Now, loan repayment.

MR. JONES: This is Don Jones again.


MR. JONES: Thank you. This is Don Jones again for the Center For Rural Health. This is proposed rule changes for the loan repayment assistance for physician's program. This was a statute that was passed several years ago to provide loan repayment assistance to physicians
who would agree to practice in Illinois for three 
years. This program has never been funded, but, 
of course, the statute still exists. So we do 
have administrative rules to correspond with that. 
The basic proposal that is being done here is 
update and revise some definitions and also 
incorporate the applicable Grant Fund Recovery 
Act. Thank you.

MS. ORGAIN: I have a lot of questions 
even though it was not funded. This is Dr. 
Orgain. I'm going to go by number because I don't 
want to go by page just in case there's some 
conflict in terms of that. So 581.200(b).

MR. JONES: I'm sorry. Did you say 
200(b)?

MS. ORGAIN: Yes, there was a deletion of 
Illinois. Can you tell me why?

MR. JONES: Well, when the rule was 
originally written, there was an assumption that 
the statute required that the physician receive 
his or her medical degree within the state and 
that language does not appear in the statute.

MS. ORGAIN: Okay. All right. So then 
especially it's just a matter of coming back to 
practice in Illinois and you don't have to receive
your training in Illinois?

MR. JONES: That is correct.

MS. ORGAIN: Then that answers my question. 210(b).

MS. PHELAN: Page eight for those of you who have pagination.

MS. ORGAIN: All right. Now, I see in the entire rule that a breach occurs when you have more than two or more loan repayments, but this language gives the impression that you can receive federal as long as there's no conflict?

MR. JONES: Right. What the intent here is is to inform the recipient that they can do this as long as they have fulfilled their commitment to other programs, but they couldn't do them simultaneously.

MS. ORGAIN: Then that is not clear.

MR. JONES: Okay.

MS. ORGAIN: I would just move that it be clearer.

MR. JONES: All right.

MS. ORGAIN: That language that you just said suffices.

MR. JONES: Okay.

MR. CARVALHO: This is Dave Carvalho.
When we put rules in front of you, I think sometimes it's helpful to give you context. So if you were wondering about this particular set of rules, a couple things of context. First, Don Jones who works for the Center For Rural Health is our rules person for rural health and he has been looking at all of the rules and that's why you have and have had quite a steady set of rules coming to you even for programs such as this that have never been funded.

So our activity on the rule fund is for Don's efficiency not because this is funded or we expect it to be funded, but we're cleaning up all of our rulemakings. You should know although this hasn't been funded, obviously the Center For Rural Health has a variety of programs, some of which has been funded, some until recently funded and some which are passed through a federal program. It probably struck you as you read this one that it's quite an unusual one.

Unlike most of our loan repayment programs that we pay loans if you agree to service -- to provide service in an underserved area or provide service in a specialty that is difficult to recruit, this is just a general loan
repayment for any doctor in Illinois who is paying off loans and they will stay in Illinois for three more years.

The context for -- this law was adopted when tort reform was under consideration and if you recall a tort reform law passed, but it was quite contentious and it was an unusual array of legislators from different sides of the aisle taking different positions.

This bill was sponsored by someone who is no longer in the legislature who thought that that tort reform bill was going to be a hard vote, but since one of the arguments during the tort reform debate was doctors are leaving Illinois, she sponsored a law that says we'll keep doctors in Illinois by telling all of them regardless of their income, regardless of their specialty, regardless of where they agree to practice, that if they stay in Illinois for at least three years we'll pay off their loans. And in its first iterations, we gave a fiscal impact of a billion or more dollars I believe.

So that's where it got revised to limit it to $25,000, but that still had a fairly enormous fiscal impact as you can imagine
if every doctor in Illinois was eligible to have $25,000 of their loans paid off. So we don't anticipate this being funded any time soon, but it is part of our effort to make sure that all of our statutes that call for rules have rules and that all of our rules within the constraints of the statute make sense.

MR. MCCURDY: Thank you for that context.

MS. ORGAIN: All right. So I'll continue with my questions.

MR. MCCURDY: Just to be clear. It seems to me that what Dr. Orgain is proposing that section in letter B that says that would prevent the grantee from meeting the requirements of the act in this part are ineligible for assistance. That's the part that needs to be cleaned up and clarified. Okay. Go ahead.

MR. EVANS: Caswell Evans. I absolutely support and appreciate what you said. I must say as I went through this process I had to just dwell for a moment on the fact of how much time and resource and effort goes into wordsmithing of an item that we know is not going to go anywhere and I understand the need to do that and to cross the T's and dot the I's. I just question if we can't
find maybe a less resource intensive way of
dealing with these things. I don't know if it's a
matter of shelving them for a while or putting
them on the back burner, but we put in a lot of
time. We discuss it as though it's real and as
effective it is -- but it's not really functional.
So I just question the time we're putting in on it
and in all due respect I understand exactly what
you're saying.

MR. ORRIS: Let me follow my colleague
with exactly the same concern. Peter Orris.
Since we are advisory here, I would like to give
advice either to the department or to the governor
or whoever put this policy in place that it makes
absolutely no sense to waste not only our time,
but staff's time of the agency to make sure that
every statute has regulations and every regulation
has statutes. It doesn't seem to be particularly
useful and I hope there is at least some year
sunset on that so that we're not dealing with 1886
or 1867, the resolution of the statute.

MR. CARVALHO: This is Dave Carvalho. I
feel your pain feeling our pain, but literally as
we speak the auditor general is on site doing his
every two year audit and what they do is they look
to see whether every statute that is supposed to have rules. They made an audit finding for every audit that is supposed to have rules that doesn't have rules and then the legislative audit commission holds a hearing on all the findings and then the joint commission makes note, the joint committee on administrative rules makes note of all the statutes that we don't have rules on and weighs in please get on the case and adopt the rules. So I cannot refute the wisdom in what you say, but again context.

MR. ORRIS: Peter Orris. What a marvelous time to make this point directly through to the top leadership of the state to the auditor and whoever hires the auditor and the only person that we all have some control over, the governor. Could we not have a new approach to this question even though it seems to shake the very foundations of law?

MS. ORGAIN: I have a different approach. This is Dr. Orgain because there is absolute value in these rules and the fact that they are unfunded is a travesty and since we are members of organizations then from my perspective it's incumbent upon us to want to advise the director
and advise the legislature in regards to the fact that these are unfunded mandates from them and take it to that level and see what kind of traction we can get on it. So that's a different prospective.

MR. ORRIS: It's not our role here to second guess the legislature, but it's beyond me what is the value of this particular piece of legislation and rules. I understand what it is within the dynamic of that debate and I'm sure we in the medical society support it strongly, but I'm not prepared to think that giving a plastic surgeon practicing in Chicago forgiveness on his medical school costs is particularly useful to anybody in the state.

MS. ORGAIN: That's a good --

MR. ORRIS: How is that? That's on the record.

MS. ORGAIN: Then from a perspective of rules then we possibly need to talk about how we can change it so that those persons are practicing in underserved locations and the fact that those locations have to be approved this is in the rule that the location of the practice has to be approved in order to receive and based on that,
it's my assumption that the desire is to get them in underserved areas.

MR. ORRIS: Sounds to me like that's well beyond the legislative intent of this piece of legislation, though, I entirely support that legislation approach. Anyway, nevermind.

MS. ORGAIN: Thank you. I just had one other and that's 230(c).

MR. MCCURDY: Which for those of you who have pages, it's page ten.

MS. ORGAIN: I'm curious as to why you went from twice a year to quarterly? That seems pretty onerous for reporting.

MS. PHELAN: You're on mute.

MS. ORGAIN: You're on mute.

MR. JONES: I'm sorry?

MS. PHELAN: Start again, Don.

MR. JONES: Okay. That requirement from six months to three months needed to be changed because the Grant Fund Recovery Act was amended earlier this year and that act now states that if the state or the department issues a grant for $25,000 or more the recipient must report back to the department every three months to document their compliance with the grant agreement and
progress towards achieving goals and objectives for that grant application.

MS. ORGAIN: It's just something administrative. Thank you.

MR. JONES: Thank you.

MS. ORGAIN: I'm done.

MR. JONES: This is Don Jones again. Just one very quick question. Since we have a minor issue on our Section 210(d), do you want us to revise that language and bring it back to you for reconsideration --

MS. ORGAIN: No.

MR. JONES: -- before we proceed?

MS. ORGAIN: No. No. You clarified it and you can adjust the language and we trust you on that.

MR. JONES: Okay. Thank you.

MR. MCCURDY: Okay.

MR. VEGA: Tim Vega. I had a question about what Dr. Orris was speaking about. So we can't even make a recommendation that we not waste time on this until funding is established on these types of situations?

MR. CARVALHO: This is David Carvalho. You can make the recommendation, but the reason
why I described the process is so that you would
realize the position that the recommendation would
put us. We'd have an auditor general citing us
for not having rules on statutes and two
legislative committees insisting that we do rules
and I do not think that our adequate response to
those committees would be the State Board of
Health recommended that we not waste time.

MR. VEGA: I understand, but you have to
do your job, but it's completely an opportunity to
not waste resources and put the money in pensions.

MR. CARVALHO: I think -- David Carvalho
again. I think it's an excellent recommendation
to the joint committee that statutes that say
they're subject to appropriations which for no
appropriations was made should not be of the
highest priority of the agencies that report to
the joint committee and I will personally talk
about that with the chairman of the committee who
is my senator.

MR. EVANS: Caswell Evans. Just to be
fixed. This needs to be viewed as a systems
changed challenge. It can't be changed a limit
piece here, a little piece there. It has to be
viewed as a systems change. That way, I think it
MR. CARVALHO: At the risk of prolonging this, more context for you. While you look at our rules and, frankly, we look at our rules as a very honest attempt to provide the detail to statutes, the whole issue of rules occurs in a political context and in particular it's the oversight function of the legislative branch on the activities of the executive branch. So the legislative branch is very covetous of that oversight authority. And, in fact, the statute with respect to rulemaking has changed during many of your tenure on this Board. If you call at one point, the joint committee simply had advisory responsibility for the administrative rules and about six years ago the statute was changed where they can block rules and it doesn't take all that high of a vote for them to block rules.

So I think in a detached observation of the process one would absolutely say there's room for a systems change, but it appears in the context of a civic tug of war.

MR. MCCURDY: It does occur to me if we really thought it was that large of a concern we
want to express as a Board presumably we could note that in our annual report if we were inclined to do so. That depends if it arises to that level in our opinion.

I would entertain a motion to forward this rule with the changes that have been discussed.

MS. PHELAN: So moved.
MS. SANDERS: Second.
MR. MCCURDY: Second by Dr. Sanders. Any further discussion? All in favor, please say aye.
MR. WHITELEY: Aye.
MR. HUTCHISON: Aye.
MR. VEGA: Aye.
MR. KRUSE: Aye.
MR. GIROTTI: Aye.
MS. ORGAIN: Aye.
MS. SCHNACK: Aye.
MS. SANDERS: Aye.
MR. MCCURDY: Aye.
MS. PHELAN: Aye.
MR. EVANS: Aye.
MR. MCCURDY: Opposed say nay. I believe the ayes have it and we have now gotten through half of the rules and my estimation at this pace
we should finish the rules by about 1:00. Just kidding. We're actually doing better than that, but the next rule is the allied healthcare professional assistance law and that one is -- someone want to give us some background on this one also?

MR. JONES: Yes, this is Don Jones again from the Center For Rural Health. This program provides scholarship and loan repayment assistance for individuals who are pursuing allied healthcare professions. That would include nurse practitioners, certified nurse anesthetist, certified nurse specialists. Once again at the risk of sounding redundant, this proposal is presented to you to incorporate, revise in definition and to add in the applicable sections of the Grant Fund Recovery Act and once again this program has not been funded since fiscal year '10. Thank you. Any questions?

MR. MCCURDY: I believe we had some -- actually, a number of changes that we proposed for this one and as far as I could see they were pretty much addressed. Any discussion? I'd entertain a motion to forward?

MR. EVANS: So moved. Caswell Evans.
MR. MCCURDY: Dr. Evans moves. Is there a second? I'll second it. Further discussion?

All in favor say aye.

MR. WHITELEY: Aye.

MR. HUTCHISON: Aye.

MR. VEGA: Aye.

MR. KRUSE: Aye.

MR. GIROTTI: Aye.

MS. ORGAIN: Aye.

MS. SCHNACK: Aye.

MS. SANDERS: Aye.

MR. MCCURDY: Aye.

MS. PHELAN: Aye.

MR. EVANS: Aye.

MR. MCCURDY: Opposed say nay. So we forward this one also and the next one is the healthcare employee vaccination code. Don, is this one in your bailiwick or is this someone else?

MR. DAILEY: This is the Office of Healthcare Regulations. I am Sean Dailey with healthcare regulation.

MR. MCCURDY: Go ahead. Who just spoke?

MS. ORGAIN: Who just spoke?

MR. DAILEY: Sean Dailey with the Office
of Healthcare Regulations.

MS. ORGAIN: Thank you.

MR. DAILEY: This rule is basically very simple changes. It's a healthcare employee vaccination code, which mandates that healthcare settings and facilities and hospitals make sure that their employees are vaccinated against influenza and other things or at least have them sign saying why they won't get vaccinated and keep a record of it. And all we did was incorporate a new act into the definition section and into the records material section in the MRDD Community Care Act. Just a technical change to it to keep the rules updated.

MR. MCCURDY: As you may have noticed from the rules committee minutes, we actually made notes -- recommended no changes in this one from what we received. Someone want to move for approval?

MR. ORRIS: So moved.

MR. MCCURDY: That was Dr. Orris, right?

MR. ORRIS: Yes.

MR. CASWELL: Second.

MR. MCCURDY: Second by Dr. Evans. All in favor say aye.
MR. WHITELEY: Aye.
MR. HUTCHISON: Aye.
MR. VEGA: Aye.
MR. KRUSE: Aye.
MR. GIROTTI: Aye.
MS. ORGAIN: Aye.
MS. SCHNACK: Aye.
MS. SANDERS: Aye.
MR. MCCURDY: Aye.
MS. PHELAN: Aye.
MR. EVANS: Aye.

MR. MCCURDY: Opposed? Then we forward this one also and that brings us to the last of the rules on our agenda for today and that is the AIDS Drug Assistance Program ADAP and who is going to brief us on this one?

MR. MORAN: My name is Bill Moran and I'm with the HIV section here at IDPH. I manage the Ryan White program which oversees the ADAP program.

MR. MCCURDY: Is there any initial comment you want to make about this rule?

MR. MORAN: I just wanted to let you know that these rules have been updated to help clarify some of the changes that have been made on the
federal level that impact this program and so we want to incorporate any new federal requirements as well as clarify some of the previous language because these haven't been updated for quite some time.

MR. MCCURDY: Would you mind saying a little bit to the Board as a whole about the impact of enacting the rule changes on federal grants that might be received by the state.

MR. MORAN: Okay. As part of our notice of grant award for the last couple of years, it required a funding agency which is the Health Resource and Services Administration, HRSA, requires that ADAP clients be enrolled every six months or be evaluated every six months. Prior to this, we had been doing it on an annual basis and in order to meet the new requirements set forth by HRSA we are starting to implement a six month evaluation of each of our clients.

MR. MCCURDY: Okay. And I have one comment on the basis of our minutes and something that we had asked the department to do and you may actually have considered this and decided not to make the change, but in Section 692.10 drugs to prolong the lives of non-Medicaid persons, we had
wondered in the committee whether that should be non-Medicaid eligible persons and did you all reach a conclusion about that?

MR. MORAN: It's something we can make a change on that. We're looking at --

MR. CULP: Don, this is Dr. Culp with the Office of Health Protection and, Bill, correct me if I'm wrong, but the program already addresses that the individuals who are Medicaid eligible than are applied, they would be free to do so and not have access to Medicaid. So, actually, Reverend McCurdy, what we did we actually did make all the changes that had been submitted at the rules committee and this was actually incorporated to be consistent with the guidelines of HRSA because Medicaid is already addressed. So any client that is eligible for Medicaid, this is merely a program for payer of last resort. So individuals who have no insurance, have no other access to insurance programs are then provided these funds to pay for literally life saving drugs.

MR. MCCURDY: Okay. I'm not sure that you're answering the question I'm asking you. You may be and I may be missing it, but the word
eligible is not in the heading and it seems to me and to others on the committee that perhaps it should be and you all were going to look into that. Drugs to prolong the lives of non-Medicaid persons seem like the word eligible should be in there. That's the only concern here.

MR. CULP: I do apologize, sir. I may not have fully understood.

MS. WILLIAMSON: Excuse me?

MR. MCCURDY: Page two, 692.10.

MR. CULP: That's something we can easily add.

MS. WILLIAMSON: Excuse me? My name is Mildred Williamson. I also work with Bill Moran.

MS. ORGAIN: Could you come closer?

MR. CULP: I agree, Bill. That's something that would not have major changes to it. It would definitely fit within that context.

MS. WILLIAMSON: My name is Mildred Williamson. I also work with Bill Moran and Dr. Culp and one of the issues that was brought up when we presented these to the committee is that there is a portion of time where a person may be in a spend down situation where they may still be an ADAP recipient and that's one of the reasons we
thought to leave it as you presented it earlier.

MR. MCCURDY: Okay.

MR. ORRIS: So they're Medicaid eligible, but not receiving Medicaid support?

MS. WILLIAMSON: Right.

MR. CARVALHO: This is Dave Carvalho.

The appropriate way to draft this from that perspective is we want the persons to be eligible to receive ADAP even if they're eligible to be on Medicaid, but aren't yet receiving Medicaid.

MS. WILLIAMSON: If they're not a Medicaid recipient, I think the issue is to avoid within the rules, within the guidelines of HRSA treatment interruption.

MR. CULP: Exactly, Dr. Williamson. We do not want to delay. So while individuals are processed, we want to get them on medication as soon as possible. Correct, Mildred?

MS. WILLIAMSON: Yes.

MR. ORRIS: Peter Orris. So the term shouldn't be Medicaid eligible, it should be Medicaid recipient it sounds like, is that correct?

MR. CARVALHO: Actually, that's how we talk about it, but nobody receives Medicaid.
They're enrolled in Medicaid and their providers are reimbursed by Medicaid, but if you're enrolled in Medicaid you receive care. You don't receive cash.

MS. WILLIAMSON: Right.

MR. MCCURDY: Personally, I will say this -- this is Dave McCurdy again. I appreciate the explanation. That lets me know that this had been thought about and I could not tell from earlier comments whether it had or not, but that's what we recommended was give this some thought.

MR. CULP: Definitely, sir. Thank you.

MR. MCCURDY: In that light, there were a number of other changes that were recommended as you see in the minutes and I believe those are pretty much incorporated. I do have a request of perhaps Dr. Williamson or others in Springfield and that is in the committee we had some discussion about the timeframe that is dated from 1996 for eligibility and there is some explanation about how people were grandfathered in between 1996 and 2011. Could you all explain that process?

MS. PHELAN: What page is that on?

MR. MCCURDY: It is on 692.10, letter A,
so it's very early. It will be page two as a matter of fact. Letter A it says "To qualify for services, a person shall have been enrolled in ADAP as of June '96 or" and so there's not really anything said in the document in the rules about what happened in the intervening 15 years, but I thought for our edification as a full Board maybe some explanation there would be in order. What has been covering people in between? You explain this in the committee.

MR. CULP: Yes. Mildred, definitely correct me if I'm wrong with this, but I think the key to this is the fact that the program has been existing on this set of rules and the fact is that that is exactly right, Dr. McCurdy. That is why we are in the process of updating it. It will be consistent with HRSA guidelines.

So if individuals were grandfathered in with existing ideals outlining the program and that's why literally these programs need to updated. All I'm -- I'm addressing that in that regard.

MS. ORGAIN: That's correct.

MR. MCCURDY: At this point, I have no further comments on the rule itself. Is there any
further discussion? I'll entertain a motion to
approve this rule to forward it.

MS. PHELAN: So moved.

MR. MCCURDY: Second?

MS. SANDERS: Seconded.

MR. MCCURDY: It's been moved and
seconded. Further discussion? All in favor
please say aye.

MR. WHITELEY: Aye.

MR. HUTCHISON: Aye.

MR. VEGA: Aye.

MR. KRUSE: Aye.

MR. GIROTTI: Aye.

MS. ORGAIN: Aye.

MS. SCHNACK: Aye.

MS. SANDERS: Aye.

MR. MCCURDY: Aye.

MS. PHELAN: Aye.

MR. EVANS: Aye.

MR. MCCURDY: Opposed say nay. Then this
rule is forwarded and that concludes the listed
agenda items for the rules committee. I don't
know if there is other things anybody wants to
bring up, but we have certainly weighed in on the
list of items from our discussion. So thank you
MS. ORGAIN: Then next on the agenda will be the legislative update by David Carvalho.

MR. CARVALHO: I'll be brief. When you last met, the legislature had adjourned and I was giving you a report on what were our initiatives that had passed and what we had proposed had been defeated and the like and I said over the course of the summer the governor would be signing and/or vetoing legislation and he has done that. Our initiatives have been signed into law and other health related initiatives I'm working on right now where he signed initiatives relating to epi pens and the accessibility of epi pens in schools and so there's the usual, you know, potpourri of health related issues. We are now, believe it or not, gearing up for next year and one -- the only item that we have active consideration for the veto session at this point which starts October 25th is a mistake of a different nature than the general mistake that was made in the budget where they authorized about $2 billion less than it takes to run the government.

They also failed to take into account in the budget that the diabetes program
had been moved from DHS to IDPH which was an oversight. They were not expressing anxiety about that move or second thoughts, but they failed to move the money over and so we'll -- they moved it back to DHS although we had had it proposed in our budget to reflect the move and somewhere in some place somebody in the wee hours of the night must have been acting instructions of we're moving everything back to where it was because there were proposals and other things that moved to our agency that were not well received by the legislature.

So they inadvertently moved back something that was intended, in fact, to be moved to us. So we will be seeking correction of that in the veto session. I would expect -- in the mean time, we have an intergovernmental arrangement with DHS where we can access the funds in the program to continue, but the appropriate way to handle this is to have that item changed in the budget.

We're in that process where the time of year then where the several agents in the divisions in the office are brainstorming ideas about what would they like to see done next year.
Since not everything we initiated last year succeeded, I've mentioned to you on several occasions that we collect no licensing fees from hospitals and, therefore, have a pretty limited set of resources to investigate complaints of hospitals and, in fact, one of our investigations were by in large findings related to federal conditions of participation which are then subsidized by federal dollars.

That is the inspection of federal dollars. So that, again, did not pass this year and I will imagine that will be among the things we consider for next year. To remind you of the process, we developed ideas and then we seek approval from the governor's office to pursue them and we often develop more ideas then we're authorized to pursue just because there's only so much time and effort that can be expended.

So we're in that process. Over time, from time to time, the State Board of Health has offered ideas and things that they would like to see persuaded. I encourage you as a Board of individuals to send ideas our way that we might be able to consider them and then as our list takes place and receives approval to pursue we'll, of
course, share it with you and always appreciate your support of those initiatives.

The only other thing that I sometimes mention during legislative updates in the budget and as Teri mentioned there's probably going to be an announcement today about some of the --

MS. GARATE: Which I can share if you'd like.

MR. CARVALHO: Sure.

MS. GARATE: The governor will announce the closure of seven state operated facilities, three state operated mental hospitals, two state operated DBE facilities, one facility under the Department of Corrections and one facility under the Department of Juvenile Justice, which will result in 1,938 layoffs potentially. The next steps will be to go to COGFA, which I don't understand what it stands for.

MR. CARVALHO: C-O-G-F-A --

MS. GARATE: And they will have --

MS. ORGAIN: Is somebody going to say what it is?

MS. GARATE: It is a commission that basically is advisory, but does provide input into
the governor's office because we will be impacting union contracts. We'll be impacting people moving. There will be a lot of -- obviously lot of turmoil. So the unions involved are --

MR. CARVALHO: Fiscal affairs.

MS. GARATE: -- the FEIU, I believe the nursing unions and a few other unions. I don't have them and this is, you know, I think part of the governor's approach to try to meet what we set forth is the shortfall that the General Assembly gave us which is not much money to operate the state.

So it is a very difficult day. The governor doesn't like to do this. You know, obviously lots of difficult decisions, but we -- the director of this was on the call earlier and it is definitely a very difficult decision to make.

These are a lot of individuals who will have a fact sheet on all the residents of these facilities who will hopefully be able to share and we will embark on planning for transition and our goal is obviously to ensure the safety of these residents, but also to run the state the best we can with the budget that the
General Assembly has given us.

MR. MCCURDY: Can you state where the
state mental health facilities are?

MS. GARATE: Yes, I believe I -- they
said after 11:30 we can share. The mental health
facilities and the DD facilities are Jacksonville
and Mabley. The mental health facilities are
Chester, one in Rockford and Tinley Park. One in
Tinley Park. The Department of Corrections is
Logan, Department of Corrections in Lincoln and
the DJJ in Murphysboro. Department of Juvenile
Justice.

MR. EVANS: Caswell Evans. Recognizing
this is a difficult situation is part of the
planning or estimate that there is unused capacity
elsewhere in the system such that all of those who
are receiving benefits now will have a different
place in which those services can be received or
will there be some people who are left with
essentially nothing?

MS. GARATE: I can answer that better on
the DD and DMH facilities than I probably can the
other just because of our role. We do have a
role -- we're involved is we certify the DD
facilities and mental health facilities. We don't
regulated them because they're state operated facilities, but we do license and regulate the ICF-DD's, the intermediate care facilities for people with developmental disabilities and the long-term care facilities in which some of these people may or may not end up entering or transitioning to.

The governor's office and administration as well as the advocacy community has been very vocal about moving people into more integrated settings and I think the governor's office partnered with Human Services will take this as an opportunity to try the move people with disabilities into more integrated settings.

However, I'm sure that not everybody will end up in an urban setting. So it's a difficult question to answer. Obviously, these state operated facilities are geographically located all over the state. There are people who have lived in these institutions for a very long time whose family members may actually live very far away just because of the situations that they're in. So it is very challenging and I think that is why it is a very difficult decision to make. That will require all of us working
together. All the state agencies have agreed and
even if we don't have a role -- although we do
have a role. As I mentioned, our role would be
more supporting our sister agencies and trying to
provide them with the listing of facilities in any
way that we can. It will affect multiple agencies
and multiple parts of state government. We can --
this was just being announced literally just now.
So we can get you more information by the next
meeting if you're interested.

MR. CARVALHO: There will probably be a
press release also.

MS. GARATE: There will be and there will
be a facts sheet that they will circulate as well.

MR. HUTCHISON: Dr. Orgain and Teri, I
think Dr. Caswell kind of alluded to this, but
specifically when we look at when these facilities
close and there's a certain amount of folks that
have specialized care needs and have been in
facilities such as mental health for some time
it's very probable that this may trigger some kind
of mental health crisis for these individuals that
would require them perhaps to be transferred to an
acute emergency room or to the hospital.

In our region of the state,
we're already experiencing a significant problem with acute psychiatric patients presenting themselves in emergency rooms. There's not authorized or credentialed beds or inpatient beds for psych. So these individuals are spending literally hours or days in the emergency room because they cannot get admitted to a bed. It seems that this closure can exacerbate this problem.

So I guess my question is are there going to be any streamlining of the rules and guidelines for criteria for hospitals and other care providers, emergency waivers or something like this to meet the emerging needs that could result from the closure and dislocation of these folks? It's clearly going to push the issue into the communities. It's going to push it into the offices of our area physicians, outpatient clinics and hospitals. So what is the plan for dealing with relaxation or emergency standing for dealing with this crisis of these patients being relocated?

MS. GARATE: Kevin, again, I'm not the expert. I'm just relaying the information. I can try to at least answer part of your question and I
wrote down the other part so we can get more information. The governor's office has a monthly interagency long-term care meeting at which Public Health sits at, DHS, HFS, IDOA and Aging and this is our main focus for that team working together because it requires HFS, for example, making -- you all were talking a little bit about eligibility for Medicare and what is the reimbursement rates and how do we support hospitals to support these individuals. So that is one of our charges.

We've also just hired a new DD director, Kevin Casey, who will be starting with the Department of Human Services. Actually, he started August 29th and he and Dr. Lorrie Jones Rickman, who is the Director for the Department of Mental Health, Division of Mental Health, will be the point people working on these plans.

Your question, however, I am not sure they have addressed and I will bring that back to them which is more what happens if somebody walks into a primary care physician or an ER or what is the involvement of family members and guardianship and some of these individuals are not their own legal guardians. So it is a very
complex process.

I guess the only good news -- I shouldn't say that. I guess some good news is this is not happening tomorrow. We are announcing this process today, but it will be multiple months and planning until this actually occurs. So these will be all issues that we will bring to the table in working with our sister agencies. I'm sorry I don't have a better answer for you, Kevin.

MR. HUTCHISON: I'm pleased that -- I assume that you were thinking about it, but clearly these are very high-risk, vulnerable clients and if you close the facilities, they're going somewhere, they're going to be in our communities, and we're going to have impact or the kids are going to end up in jail and I'm sure that's part of the intent which areas were selected to be cut.

MS. ORGAIN: Did we hear another question?

MR. HUTCHISON: Not from here.

MS. ORGAIN: Okay. I believe that there is only then -- David, did you have any additional legislative updates?

MR. CARVALHO: No.
MS. ORGAIN: Based on that, I believe there is only one additional item, which is an announcement. The Illinois Public Health Institute is having partners in action. If you have -- can you tell me who has not received that e-mail in regards to that event? So everyone -- so everyone is aware and, if not, we'll ensure that you get that information.

It is designed to further discuss SHIP prior to the implementation of counsel to get partners engaged in what SHIP really means and the objectives of SHIP and we'll continue that discussion when we talk about implementation and coordination. So we encourage as much networking. Send that out to your e-mail list to encourage persons to register for the event. They don't have any objection to groups participating. Since it's a webinar, you do need headsets, but if you're in a big conference area, that's fine. For institutions, they don't have any objections to that. So we encourage participation.

MS. PHELAN: Can you forward that information?

MS. ORGAIN: Certainly. We will forward
that again just to make sure everybody has it.

MR. CARVALHO: You might want to mention
the date.

MS. ORGAIN: I'm sorry. The date is the
26th, 27th of September and there are different
modules on both days. You do not necessarily have
to participate in the full two day session and
payment is according to what you select once you
go to the website.

I'd also like to -- prior to
adjourning, I'd also like to do something in
preparation for our next meeting. So this is not
a discussion, but in preparation for our next
meeting which is December the 8th, and if you can
just make sure that you put that back onto your
calendar, there are several things that we will be
doing on December 8th. We'll have elections. I
am not certain if our new members received this
orientation manual and -- the last time we as a
Board received it was 2006. So it is time that we
take a look at it again. Particularly, in regards
to our bylaws. I know they had some questions as
to what was our standing committees.

Our only standing committees is
the rules committee that is in our bylaws. So we
can certainly create any others in which we do have a policy. And also 2012 planning. So as David was speaking about ideas that we wanted to put forward to address to him, certainly do that before December 8th, but clearly we need to do some 2012 planning from a Board perspective. So those are the kinds of things I'd like for us to address that will be on the agenda for our next meeting.

MR. WHITELEY: Herb Whitely here. Before we go on, I want to take a moment to thank Dave Carvalho and Matthew Roberts from IDPH who participated in the one health prevalence workshop on the U of I campus recently. Thank you, David, very much for spending the entire day with us and it is much appreciated and the information you provided was very helpful for the entire group. So thank you very much.

MS. ORGAIN: Thank you, Herb. I apologize for not being able to attend.

MR. MCCURDY: The manual -- this is Dr. McCurdy again. The manual for the Board if some members of the Board don't have can we arrange that they will receive it and should there be any overhauling of them that we need to make
provisions for prior to December 8th? Can we do that?

    MR. CARVALHO: Yes, Cleatia and Harold and I can begin the archaeology to find where that might be and we'll work to get it. In fact, Dr. Orgain, if it's not too much trouble could we see yours?

    MS. ORGAIN: Absolutely.

    MR. MCCURDY: Then we would create the level playing field at least of sorts, on old level playing field, but still thank you.

    MS. ORGAIN: That's all I had in regards to additional information. Thank you for your participation. Prior to our next meeting, there will be some holidays. So everyone be safe, be well and enjoy the holidays. Thank you.

End Time: 12:21 p.m.
STATE OF ILLINOIS )
)
COUNTY OF COOK )

I, Steven Brickey, Certified Shorthand Reporter, do hereby certify that I reported in shorthand the proceedings had at the trial aforesaid, and that the foregoing is a true, complete and correct transcript of the proceedings of said trial as appears from my stenographic notes so taken and transcribed under my personal

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STEVEN BRICKEY, CSR

CSR No. 084-004675
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