

1 STATE BOARD OF HEALTH
2 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
3 DIRECTOR'S CONFERENCE ROOM - 5th FLOOR
4 535 WEST JEFFERSON STREET
5 SPRINGFIELD, ILLINOIS
6 DIRECTOR'S CONFERENCE ROOM - 20th FLOOR
7 122 SOUTH MICHIGAN AVENUE
8 CHICAGO, ILLINOIS

9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

BOARD MEETING

THURSDAY, DECEMBER 13, 2012

11:00 A.M. - 1:00 P.M.

BOARD MEETING 12/13/2012

1	I N D E X	
2	I. Call to Order	4
3	II. Approval of Meeting Summary	6
4	III. Director's Remarks	7
5	IV. Policy Committee Report	18
6	A. Medical Homes	-
	B. SHIP Implementation	20
7	C. Division of Patient Safety & Quality	22
8	V. Rules Committee Report	29
9	A. Laboratory Service Fees	31
	B. Grade A Milk and Milk Products	32
10	C. Control of Communicable Diseases Code	37
	D. Animal Population Control Code	34
11		
	VI. Summary - Public Hearings	
12		
	Changes to Child Health Examination Code	
13	(Part 665) and Immunization Code (Part 695)	57
14	Preventive Health & Health Services Grant	61
15	VII. Items for Discussion	
16	A. Election of Officers	68
	B. SBOH Bylaws (Ad Hoc Committee)	71
17	C. Committee Membership	72
	D. SBOH Reappointments/Resignations	75
18	E. 2013 Meeting Dates	81
19	VIII. Legislative Update	81
20	IX. Adjournment	85
21		
22		
23		
24		

1 STATE BOARD OF HEALTH MEMBERS:
2 Dr. Javette Orgain, Chairperson (in Chicago)
Rev. David McCurdy, Co-Chairperson (in Chicago)
3 Dr. Herbert Whiteley (in Chicago)
Ms. Karen Phelan (via telephone)
4 Ms. Babette Sanders (via telephone)
Dr. Monica Schnack (in Springfield)
5 Mr. Kevin Hutchison (in Springfield)
Dr. Peter Orris (in Chicago)
6 Mr. David Banaszynski (in Chicago)
Dr. Julie Adkins (via telephone)
7 Dr. Carolyn Lopez (via telephone)
Dr. Pat Basu (via telephone)
8 Dr. Mohammed Sahloul (absent)
Dr. Timothy Vega (absent)
9 Dr. Victor Forys (absent)
Dr. Jorge Girotti (absent)

10 ILLINOIS DEPARTMENT OF PUBLIC HEALTH STAFF:

11
Mr. David Carvalho (in Chicago)
12 Mr. David Culp (in Springfield)
Ms. Conny Moody (via telephone)
13 Ms. Carol Finley (in Springfield)
Mr. Matthew Roberts (in Springfield)
14 Ms. Kate Kelly-Shannon (in Springfield)
Ms. Molly Jo Lamb (in Springfield)
15 Ms. Judy Kauerauf (in Springfield)
Mr. Bernard Johnson (in Springfield)
16 Mr. K. Allen Griffy (in Springfield)
Ms. Kimberly Egonmwan (in Chicago)
17 Mr. Steve DiVincenzo (in Springfield)
Ms. Cleatia Bowen (in Springfield)
18 Ms. Susan Meister (in Springfield)
Mr. Harold Duckler (in Springfield)

19 COURT REPORTER:

20 Robin A. Enstrom, RPR, CSR
21 Illinois CSR #084-002046
Midwest Litigation Services
22 15 S. Old State Capitol Plaza
Springfield, Illinois 62701
23 217.522.22111
800.280.3376

24

1 CHAIRPERSON ORGAIN: Good morning. Let's
2 start. How is everybody?

3 I'm Dr. Orgain. And just for additional
4 purposes, let us just introduce ourselves in terms of
5 the State Board of Health and who's on.

6 REV. MCCURDY: David McCurdy, co-chair and
7 also chair of the rules committee.

8 DR. ORRIS: Peter Orris.

9 DR. WHITELEY: Herb Whiteley.

10 MR. BANASZYNSKI: David Banaszynski.

11 MS. BOWEN: Springfield.

12 MR. HUTCHISON: Kevin Hutchison, St.
13 Clair County.

14 DR. SCHNACK: Monica Schnack, Bloomington.

15 MS. BOWEN: On the phone, please.

16 DR. ADKINS: Julie Adkins, Franklin
17 County.

18 DR. LOPEZ: Carolyn Lopez, Chicago Board
19 of Health.

20 MS. SANDERS: Babette Sanders.

21 MS. BOWEN: And Karen Phelan.

22 Somebody else just call in?

23 MR. BASU: Hi. This is Pat Basu. Good
24 morning.

1 MS. BOWEN: Pat Basu, B-a-s-u.

2 CHAIRPERSON ORGAIN: We do have a quorum.

3 MR. CARVALHO: We do have a quorum.

4 This is Dave Carvalho, Illinois Department
5 of Public Health.

6 Madam Chair, later on the agenda you have
7 the issue of memberships, but Peter raised it early on
8 so let me just tell everybody you are all currently
9 okay for this meeting. We'll have an agenda item
10 later that discusses memberships going forward, but as
11 of this meeting you are all okay.

12 CHAIRPERSON ORGAIN: And could we now have
13 our guests identify themselves.

14 MR. JOHNSON: Tom Johnson -- excuse me.
15 Bernard Johnson. I'm with the division of
16 laboratories.

17 MR. GRIFFY: Allen Griffy. I'm with the
18 office of health protection.

19 MS. FINLEY: Carol Finley with the
20 immunization program.

21 MS. KAUEAUF: Judy Kauerauf with
22 communicable diseases.

23 MS. LAMB: Molly Lamb, division of food,
24 drugs, and dairies.

1 MR. DIVINCENZO: Steve DiVincenzo,
2 division of food, drugs, and dairies.

3 MR. ROBERTS: Matt Roberts, communicable
4 diseases.

5 MS. KELLY: Kate Kelly, communicable
6 diseases.

7 MR. CULP: And Dave Culp, office of health
8 protection for Department of Public Health.

9 CHAIRPERSON ORGAIN: Can't see you.
10 Sorry.

11 MR. CULP: I know. I know, Dr. Orgain. I
12 was hiding back in the corner. You caught me.

13 CHAIRPERSON ORGAIN. Okay.

14 MR. CULP: Now you can see me. Right by
15 Cleatia's side.

16 CHAIRPERSON ORGAIN: All right. Thank you
17 very much. That's a little better.

18 MR. CULP: Okay.

19 CHAIRPERSON ORGAIN: All right. Good.

20 Then let's begin the agenda, and so the
21 first item on the agenda is the approval of the
22 meeting summary for September the 13th. Any additions
23 or corrections?

24 If there are none, then I would move

1 for -- I would recommend consensus unless there's any
2 objection. Hearing no objections, then we can move on
3 to the next agenda item.

4 The director is unavailable at this time.
5 So David Carvalho will give a report.

6 MR. CARVALHO: Very briefly. Doctor
7 Hasbrouck, as recently as half an hour ago, thought he
8 was going to be here and provide some remarks, and I
9 learned a few moments ago that he is involved in
10 something --

11 COURT REPORTER: I'm sorry. Can you speak
12 up?

13 MR. CARVALHO: Is this any better?

14 COURT REPORTER: Yes.

15 UNIDENTIFIED: Yes.

16 MR. CARVALHO: Okay. Terrific. Thank
17 you.

18 Dr. Hasbrouck had planned on being here
19 and unexpectedly is unable to. So what I'll -- I'll
20 keep my remarks very brief.

21 Since your last meeting in September, we
22 have moved forward working with the governor's office
23 to develop a legislative agenda for the spring
24 session. We are down to a handful of bills. However,

1 until the process with the governor's office is
2 complete, we're not free to discuss them. And then,
3 of course, the process during legislative session will
4 be as it has always been. Although there are a
5 handful of bills that will be part of our affirmative
6 agenda, we will be actively supporting and regrettably
7 opposing some of the thousands of other bills that are
8 introduced in the legislative session.

9 We are also in the very preliminary stages
10 of our budget. We've been asked to, as always as we
11 have, to present a budget to the governor's office
12 that reflects a stand-even budget and then one that
13 anticipates fewer available revenues on the general --
14 from the general revenue fund. That process has not
15 gone beyond those original submissions. The normal
16 process would be sometime in January we would get into
17 deeper discussions with the office of management and
18 budget, and then the governor will prepare both a
19 state of union address -- state of the state address,
20 I'm sorry, and the budget that he introduces in the
21 spring.

22 The veto session just ended although
23 increasingly the legislature is taking advantage of a
24 provision of the Constitution that modifies the

1 dynamics about coming back into session in the first
2 few days of January, and in particular the way it
3 works is the new General Assembly doesn't begin
4 until -- I think it's January 9th, and the old General
5 Assembly remains intact until then.

6 Under the Illinois Constitution, if you
7 adopt a law with a simple majority, it does not take
8 effect immediately unless you adopt it before May
9 30th. So since May 30th of this year, any activity of
10 the General Assembly and including any activity that
11 may have transpired in the last couple of weeks of
12 veto session would have required a three-fifths
13 majority to take effect immediately.

14 However, if they meet in that period
15 between January 1 and January 9 when the new General
16 Assembly comes into existence, they are now meeting
17 before May 30th of the relevant year. So legislation
18 can be adopted in that one-week period with a simple
19 majority and takes effect immediately. If legislation
20 were adopted, for example, last week with a simple
21 majority, it couldn't go into effect until later next
22 year.

23 I'm not just giving you a civics lesson.
24 There was one bill that remains alive that would very

1 much impact the Illinois Department of Public Health,
2 and that is the bill relating to medical marijuana.
3 The department, as you probably know if you've served
4 on the State Board of Health, at the direction of the
5 governor's office in the nine years I've been here has
6 testified in favor of this bill, opposed to this bill,
7 neutral on this bill, and stayed out of the room on
8 this bill depending on the direction we've received
9 from the governor's office.

10 Our current position: We are working
11 closely with the sponsor so that the administrative
12 burden on the department and the expectations of the
13 department under the bill are manageable. Let me give
14 you but one example. There's a provision in the
15 bill -- and it's an example that you all chuckle at.
16 There's a provision in the bill that requires us to
17 adopt rules within 60 days. Inasmuch as you only meet
18 every 90 days, that would be an impossibility from the
19 time the bill were signed. So there are provisions
20 like that that we are working with the sponsor, and we
21 are hopeful that the concerns that we have about the
22 mechanics of our implementation of the bill are
23 adequately addressed in the legislation.

24 That bill was not called in the veto

1 session. So if it were to be called by the current
2 General Assembly, it would be in that first week of
3 January, and, of course, anything that doesn't pass
4 can also be reintroduced the following.

5 So other than that, we had no excitement
6 during the veto session, and Dr. Hasbrouck is moving
7 forward the timeline -- with the timeline that he
8 described to you at your last meeting regarding the
9 strategic plan. A number of things have delayed us,
10 but the game plan is the same: to develop a draft
11 that will be shared with you, shared with the public,
12 shared on the Intranet and the Internet, and modified
13 in response to that feedback before it is adopted as
14 the strategic plan of the agency.

15 Some of the other things going on relate
16 to SHIP implementation, and I'll defer that till the
17 item on your agenda in the report of your policy
18 committee.

19 Why don't I stop there and field any
20 questions, if there are any. Otherwise, you should go
21 back to your agenda.

22 REV. MCCURDY: Just a question about the
23 medical marijuana with the rules piece of that.

24 MR. CARVALHO: David.

1 REV. MCCURDY: I'm sorry. Yes. Dave.

2 Dave McCurdy.

3 The 60 days -- I mean, I know that we meet
4 every 90, but, I mean, there's also a provision, I
5 presume, for emergency rulemaking, but would that
6 apply to a bill like this?

7 MR. CARVALHO: There is a provision in the
8 law generally for emergency rulemaking. The wrinkle
9 with that provision is that an emergency rule can only
10 remain in effect for 120 days, and so our process is
11 to not propose an emergency rule unless we have our
12 ducks in a row and a timeline in place to adopt a
13 final rule within 120 days; otherwise, we'll have a
14 rule in place and then a gap period before the final
15 rule's in place.

16 REV. MCCURDY: Thank you.

17 CHAIRPERSON ORGAIN: Dr. Orgain.

18 I'm curious about the strategic plan. Is
19 there a time frame for when that might be uploaded for
20 review and comment?

21 MR. CARVALHO: There have been several
22 workgroups working on aspects of the plan who have
23 provided them with -- to Dr. Hasbrouck. He is in the
24 process of reviewing all that. So it is right now

1 something that he's working on. I do not know his
2 expectation for when he'll finish that.

3 CHAIRPERSON ORGAIN: A follow-up question:
4 Is the State Board of Health being considered as the
5 workgroups do their deliberations?

6 MR. CARVALHO: I'm pausing to answer
7 because I'm on one workgroup. One of the rules that
8 Dr. Hasbrouck established was you can only be on one
9 workgroup. I like that rule.

10 CHAIRPERSON ORGAIN: Yes.

11 MR. CARVALHO: So I do not know about the
12 other workgroups. The workgroup I'm on related to the
13 data priority, and so the two things that we were
14 focusing upon were our own procedures for
15 dissemination of data and the improvement in the
16 quality of the data that we collect. I don't recall
17 that we identified a role for the State Board of
18 Health in connection with either our improvement of
19 our processes of dissemination nor the quality of our
20 collection. But our priority was one that probably did
21 not lend itself well to involvement of the State Board
22 of Health.

23 Some of the other priorities, if you'll
24 recall, related to public-private partnerships, and

1 they're obviously -- given the breadth of
2 representation on the State Board of Health, there are
3 more opportunities for the involvement of the State
4 Board of Health on that priority.

5 Another priority related to health
6 disparities, and that's been a long interest of the
7 State Board of Health.

8 So the short answer is I do not know
9 because I haven't participated in the others, but one
10 can anticipate a role. And I will also bring to the
11 attention of Dr. Hasbrouck, who is the final scribe on
12 the plan, that idea that you just raised.

13 CHAIRPERSON ORGAIN: Certainly we would
14 like to -- if there is some mention of us in any of
15 the workgroups, we would like, before a document is
16 disseminated, to possibly have some discussions.

17 Thank you.

18 MR. CARVALHO: Sure.

19 CHAIRPERSON ORGAIN: Okay. Next item on
20 the agenda --

21 MR. HUTCHISON: Dr. Orgain, could I ask a
22 question of Dave -- this is Kevin Hutchison.

23 CHAIRPERSON ORGAIN: Oh, I'm sorry.
24 Certainly.

1 MR. HUTCHISON: -- regarding the strategic
2 plan.

3 Dave, are there any updates that you can
4 share relative to the strategic plan for IDPH and how
5 those will align with some of the MCH programs and
6 maternal-child health services that have been talked
7 about in terms of how those would be reintegrated into
8 the local public health and the Department of Public
9 Health, particularly in light of transitioning as we
10 move forward with Affordable Care Act, accessibility
11 to care, care coordination, things of that nature? I
12 know that there's been some discussion about how we
13 can align services to more effectively meet the needs
14 of the maternal-child health population.

15 MR. CARVALHO: Sure. This is Dave.

16 Let me answer that a little more broadly
17 than the strategic plan itself. As Kevin alludes to,
18 there has been active discussion for some time now
19 about the maternal and child health component of state
20 government and public -- the Department of Public
21 Health's involvement in that component.

22 As many of you know, in almost every other
23 state, maternal and child health is housed in the
24 Illinois -- or in that state's department of public

1 health or in some super agency that includes the
2 Department of Public Health.

3 And in Illinois, back in the '90s when the
4 Department of Human Services was created, that
5 function was viewed as a patient-centered function
6 rather than a population-based function. So using the
7 rubric that was used at the time to allocate
8 responsibility between DHS and IDPH, that program was
9 seen as a fit for DHS.

10 Illinois Public Health Association and
11 many other public health practitioners, local health
12 departments, local health department administrators
13 have, for a number of years, advanced the argument
14 that maternal and child health should be a population
15 based -- use a population-based approach albeit
16 affecting individuals and that the program should be
17 housed or more closely connected to the Illinois
18 Department of Public Health.

19 Dr. Hasbrouck has been -- as taken up that
20 cause since he came to the state, and we are
21 anticipating changes in the way the programs are
22 aligned so that public health has a much deeper
23 involvement in maternal and child health and the
24 programs in Illinois. We anticipate that there will

1 be something reflected on this next year.

2 But the -- the specific question you
3 started with was how will that be reflected in the
4 strategic plan, and I think the answer to that is it
5 will be reflected in the strategic plan because it
6 will be reflected in a lot of our activities, both our
7 budget and other things, should that come to pass in
8 the next couple of months.

9 MR. HUTCHISON: Thank you, Dave.

10 I think it's -- as we look forward to the
11 revealing and discussion of the strategic direction of
12 the state health department, clearly I think this
13 issue is something that will have major impact across
14 multiple sectors of the state health department's
15 functioning, and I think will therefore be of interest
16 to the State Board.

17 DR. ORRIS: This is Peter Orris.

18 You don't need a statement from us
19 supporting that at this point from the --

20 MR. CARVALHO: No, I don't think so. All
21 of you -- in fact, many of you are probably members of
22 IPHA, and IPHA has a white paper on the topic and has
23 been very active representing the whole public health
24 community on that topic. I think things are headed in

1 that direction.

2 CHAIRPERSON ORGAIN: Are there any
3 additional questions?

4 Thank you, David.

5 Then let's move on to item number IV on
6 the agenda, the policy committee report.

7 Karen? I'm not sure if I heard her on the
8 phone.

9 MS. BOWEN: Dr. Orgain, Karen -- she was
10 on the phone, but she's not feeling well so she had to
11 get off.

12 CHAIRPERSON ORGAIN: Okay. Thank you.

13 Is there anyone from the policy committee
14 who is available to give us any additional information
15 other than the written report? Dr. Kruse? Dr. Vega?
16 Anyone? Babette or Kevin? Kevin, would you like to
17 add anything to the report?

18 MR. HUTCHISON: Well, only things to
19 add -- and this may be covered by personnel from IDPH
20 on the strategic plan implementation. One of the
21 things that has been launched and is very robustly
22 moving forward across the state is the We Chose Health
23 community transformation grants. These are
24 particularly targeted in the downstate areas. There

1 is certainly alignment with some of the goals of the
2 State Health Improvement Plan that's being implemented
3 in the city and the county and the upper region of the
4 State of Illinois. So those efforts are moving
5 forward, and I think they certainly will have impact
6 on the State Health Improvement Plan implementation.

7 And so I'll defer -- I don't know if
8 Leticia or if Dave -- if you wanted to comment on
9 that, but those things really do align with some of
10 the policy issues that we've been addressing with the
11 State Board of Health.

12 As recently as a couple -- this week, had
13 the opportunity to have conversation with state people
14 on the healthy hearts program. This is wherein they
15 will be looking at cholesterol and blood pressure,
16 compliance with medical practices, working with
17 particularly federally qualified health care centers.
18 There's four them targeted throughout Illinois. But
19 as we look at looking at electronic medical records,
20 they're using the state's system for collecting that
21 information. I think that really will provide some
22 meaningful information as we look at medical care
23 homes that we've been discussing here for quite some
24 time as well as population-based health improvement.

1 CHAIRPERSON ORGAIN: Thank you. Is
2 Leticia on line?

3 MR. CARVALHO: No. Leticia reports to me,
4 and she is in another meeting in Springfield actually.
5 So she shared with me her points although I'm involved
6 in the activity as well, but I appreciate her doing
7 so.

8 The SHIP implementation committee has
9 completed its work -- or at least that stage of its
10 work of developing a SHIP implementation plan. The
11 implementation committee will continue to exist to
12 play its statutory role -- and these aren't the
13 statute's words but my words -- cheerleading and
14 oversight of the progress of the implementation plan.

15 The plan had some intense graphics in it,
16 not -- that didn't come out right. There are some
17 charts that were intended to be very meaningful,
18 however were very cluttered. And so the only thing
19 that is delaying the publication of the implementation
20 plan is our vendor working with the graphic designer
21 so that the chart and some of the graphics illuminate
22 things rather than confuse them. So as soon as that
23 little wrinkle is taken care of, we should have the
24 implementation plan ready for distribution.

1 It was important to the department that we
2 have continued support for this activity. A committee
3 without support can -- a volunteer committee without
4 staff support finds it harder to get things done, and
5 so we had a contractor to help with the implementation
6 plan development process. We will have a new
7 contractor working with us on the ongoing activities
8 of the implementation committee, and that will be the
9 UIC Mid-America Public Health Training Center, working
10 with Jason Rothstein.

11 Then the next steps will be taken in early
12 to mid-January where we'll have correspondence from
13 the co-chairs of the committee, Michael Gelder from
14 the governor's office and Pat Schou from the Critical
15 Access Hospital Network, and the director distributing
16 the plan both to the SHIP ICC members who approved it
17 as well as the public on our website.

18 SHIP ICC members have already begun some
19 outreach on the plan. David actually -- David McCurdy
20 presented with Advocate, and Leticia and Elysa (sp.)
21 presented at IHA, the Illinois Hospital Association.
22 So we will send out an e-mail to you with the plan and
23 the link to the website to keep you informed about
24 this well before your next meeting. The link to the

1 website will also start to be the place where we keep
2 track of and share information regarding various
3 activities throughout the state on the implementation.

4 If you'll recall, the plan of
5 implementation is not a top-down command and control
6 military sort of operation but more -- if you'll
7 excuse the historical allusion -- let a thousand
8 flowers bloom all in accordance with our own little
9 book. So we are excited about moving forward with
10 that. The Mid-America Center has been very
11 instrumental in the CTG, and we look forward to their
12 involvement and support moving the ICC forward as
13 well.

14 CHAIRPERSON ORGAIN: Thank you.

15 MR. CARVALHO: Mary, in the division of
16 patient safety and quality -- both she and her nurse
17 employee have probably what Karen Phelan has. They
18 are both out sick, and so Mary is unable to report
19 today.

20 Her sickness has delayed for a couple of
21 days our update of the Hospital Report Card. So we
22 had planned on going live actually a couple of days
23 ago with a major update. That will probably be
24 delayed till the end of the week or early next week,

1 not because -- as you might expect, if you know
2 Mary -- because she's the one pushing the buttons but
3 because she's the one who would be fielding the
4 questions that will come in once those buttons are
5 pushed. We have a vendor who pushes the buttons.

6 So some of the highlights include
7 additional data with respect to ambulatory and
8 surgical treatment centers, additional data with
9 respect to hospital-acquired conditions and
10 infections, and additional data in the public health
11 mapping function where you can look at public health
12 data within a region at the same time that you're
13 looking at information about the hospitals within that
14 region. And I use the word "region" because at the
15 Cook County level we are looking at areas smaller than
16 the county level.

17 DR. ORRIS: Peter Orris.

18 Is that accessible by us?

19 MR. CARVALHO: Absolutely. It is a public
20 website. It's very user friendly. We went from
21 getting criticism from Consumer Reports for being late
22 in putting our site together to getting kudos from
23 Consumer Reports for being one of the most user-
24 friendly and information-rich sites. So I encourage

1 you. The easiest way to find it is probably to just
2 Google Illinois Hospital Report Card, and although the
3 name has Hospital Report Card in it, it does have the
4 other facilities I mentioned, the ambulatory surgical
5 treatment centers, Illinois' name for surgicenters.

6 DR. ORRIS: Does Mary know about the
7 database correlations? Not the technical computer
8 language, but database correlations. Or is there
9 somebody else in the department that is doing database
10 correlation?

11 MR. CARVALHO: Is someone working with
12 Mary? Probably, again, not very specific.

13 DR. ORRIS: Mary is the person to speak to
14 to find out --

15 MR. CARVALHO: Mary is the person to speak
16 to to find out. Absolutely.

17 DR. ORRIS: Thank you.

18 MR. CARVALHO: And we can probably
19 continue this offline. If you're talking about making
20 sure that our databases cannot be used to re-identify
21 public --

22 DR. ORRIS: No.

23 MR. CARVALHO: -- personal information?

24 DR. ORRIS: No. That's one of my

1 interests, but this is a continuation of an issue that
2 we've been working on for some time about the question
3 of environmental databases and public health databases
4 both on the state level, national level, and with
5 Canada as well. So I -- this is a nice development.

6 MR. CARVALHO: Terrific.

7 CHAIRPERSON ORGAIN: In Karen's illness, I
8 would -- if there are no changes or corrections to the
9 minutes from the policy committee and opposition --

10 DR. ORRIS: I'd like to ask for an
11 additional topic to be suggested for the policy
12 committee or staff. As --

13 Peter Orris again.

14 As I think everybody in Chicago is aware,
15 there is a Healthy -- I hope have the right name --
16 Healthy Chicago's Initiative that Dr. Galloway from
17 Region V of HHS has initiated and is moving ahead on,
18 and there's very active involvement of the Board of
19 Health -- Carolyn may want to say some more about it
20 -- from the City of Chicago. And it is a broad
21 coalition of public-private entities and others around
22 food and a variety of preventive health initiatives.

23 I'm only raising it here because, on the
24 presentations I've heard, I hear very little about the

1 interaction with IDPH, and I would be very interested
2 if there were synergisms that could be explored or
3 this as a template that might be applicable to other
4 cities in the state. I think it's worth pursuing, and
5 I just want to raise the issue for the policy
6 committee and maybe something we would look at or our
7 staff would look at.

8 DR. ORGAIN: Thank you, Peter.

9 It's actually entitled Building a
10 Healthier Chicago, BHC, and thank you for raising that
11 in regards to the interaction between the different --
12 between us as a board and the department with that
13 initiative. It is more than two years old.

14 Carolyn, are you on the line still? Okay.
15 It is more than two years old and --

16 MS. BOWEN: Dr. Lopez, are you still on
17 the line?

18 DR. LOPEZ: I am on the line. I just had
19 it on mute.

20 MS. BOWEN: Dr. Orgain? Dr. Orgain?

21 CHAIRPERSON ORGAIN: Yes.

22 MS. BOWEN: Dr. Lopez is on the line. She
23 would like a few comments.

24 CHAIRPERSON ORGAIN: Please. Thank you.

1 DR. LOPEZ: I just wanted to mention that
2 the program, Building a Healthier Chicago, has, in
3 fact, been in place for a while, and I don't know if
4 there are any specific questions, you know, since --
5 you know, I've been peripherally involved in it
6 through several different avenues if there are any
7 specific questions that people have. I understand --
8 I think I understood what Peter was asking for. I
9 guess if you wanted to -- you know, if you're asking
10 if Building a Healthier Chicago would be open to more
11 explicit participation from IDPH directly from State
12 Board of Health members? I guess I didn't quite
13 understand what -- what the specific ask was.

14 DR. ORRIS: No. I mean, it seems to be
15 doing quite well within the City of Chicago, maybe the
16 county as well, and it's an interesting template, and
17 they've made some -- I thought some impressive
18 accomplishments.

19 And so the question I have is not so much
20 the City of Chicago that you all seem to have covered
21 quite well but rather are there discussions to be held
22 with the coalition and specifically Dr. Galloway about
23 the rest of the state and whether or not there might
24 be synergisms to some of the IDPH initiatives and the

1 strategic plan, et cetera, that might be beneficial.

2 I'm just raising the question for exploration. I
3 don't have any particular suggestion at this point.

4 DR. LOPEZ: Yeah, I think that would be an
5 interesting thing to do. I don't know if people are
6 aware but Dr. Galloway is retiring or has retired, and
7 so certainly the contact from that office will be
8 changing. The Institute of Medicine of Chicago has
9 gotten more involved in Building a Healthier Chicago
10 for a couple of reasons, not the least of which is the
11 need for fund raising in order to keep that program
12 going.

13 So we could probably -- you know, if there
14 were -- if there were other areas of the state that
15 wanted to become engaged or at least get more
16 information in detail about the program, Dr. Galloway
17 will remain involved in the program through his work
18 with IOMC. We certainly would be open to having
19 conversation.

20 CHAIRPERSON ORGAIN: Let me just add
21 something to that, Peter.

22 I was initially involved, and so I am on
23 the mailing list. If the members are interested in
24 receiving the newsletters from BHC, Building a

1 Healthier Chicago, I can certainly forward those to
2 Cleatia who can send it out, and then you can be
3 added, I'm sure, to their LISTSERV for receiving the
4 newsletter.

5 The additional involvement we can
6 certainly explore, and thank you for raising that.

7 Thank you, Dr. Lopez.

8 DR. LOPEZ: Thank you.

9 CHAIRPERSON ORGAIN: So I will then move
10 on to consensus if there are no corrections or
11 additions to the report from the policy committee. We
12 can receive it by consensus.

13 Okay. The next item on the agenda -- I'll
14 turn over to Rev. McCurdy -- is the rules committee
15 report.

16 REV. MCCURDY: Okay. Hello, everybody.

17 We have four rules. One is quite lengthy;
18 the others not so much. And I would call your
19 attention, first of all, to the rules committee
20 meeting summary from November. The order in which
21 rules will be considered doesn't exactly match what is
22 on our agenda, but I'd say let's follow the order of
23 the agenda unless there's some objection or if there
24 are any staff issues there in terms of people's

1 availability in Springfield?

2 UNIDENTIFIED: I think we have people here
3 for every rule.

4 REV. MCCURDY: Hearing none, I would say
5 let's go ahead and follow the order that we have, and
6 that would mean that we would begin with the first
7 listed rule on laboratory service fees and --

8 Well, I should add one other thing about
9 the rules committee meeting summary, and that is, for
10 three of the rules, we had a quorum and for one we did
11 not. The one we did not have the quorum for, when we
12 finally were in a position to have acted on it, was
13 the Control of Communicable Diseases Code, which is
14 the lengthy rule. So I think I will suggest, if it's
15 agreeable to people on the board and to staff in
16 Springfield, that we consider that control of
17 Communicable Diseases Code last just because it's
18 longer. The others are shorter. Is that agreeable?

19 UNIDENTIFIED: Yes.

20 UNIDENTIFIED: No objection.

21 REV. MCCURDY: No objection? Okay.

22 DR. ORRIS: You're very nice not to blame
23 me in public.

24 REV. MCCURDY: Okay. I meant to blame one

1 of our members in public and I shan't.

2 Now, the laboratory services fee --
3 somebody in Springfield want to provide us with an
4 initial orientation to this rule?

5 MR. JOHNSON: This is Bernard Johnson.
6 I'm the division chief of the laboratories in the
7 office of health protection for the department.

8 I'll start out with our mantra which is
9 that our public health laboratories provide testing
10 for programs. We provide surveillance data. For that
11 surveillance data methodology for the methods that we
12 have, we sometimes have extra capacity, usually due to
13 automation, and we provide those tests -- according to
14 this rule, we have the authority to provide that test
15 to local health departments or community-based
16 organizations that are interested, normally for HIV,
17 syphilis, or other diseases.

18 This rule was set in 1996. It actually
19 mentions each test, each method, and the cost from
20 1996. It's 16 years or so -- no, more than that --
21 out of date. We would like to delete the mention of
22 each test, each method, and the fee, and substitute
23 the authority to cal -- or offer a test but calculate
24 a cost based on current costs and conditions and

1 current method.

2 That pretty well summarizes it.

3 REV. MCCURDY: Thank you.

4 On the basis of the meeting summary, you
5 will see that there actually were not substantive
6 changes that were recommended. So I would move that
7 we forward this one to the -- I'm sorry -- that we
8 forward -- I was in the rules committee -- move that
9 we forward this to -- for public comment.

10 DR. ORRIS: Second.

11 COURT REPORTER: Who seconded?

12 MS. BOWEN: Dr. Orris.

13 DR. ORRIS: Peter.

14 REV. MCCURDY: Any discussion? Any
15 objection.

16 (No response.)

17 REV. MCCURDY: Then let's go ahead and
18 forward this one, and we will proceed to the next one.

19 And the next one is the Grade A
20 pasteurized milk and milk products rule. So does
21 somebody want to give us a brief summary from
22 Springfield on this one?

23 MS. LAMB: Yes. This is Molly Lamb, the
24 division chief from the division of food, drugs, and

1 dairies.

2 And, in summary, the Grade A Pasteurized
3 Milk and Milk Products Code gives us the procedural
4 administration and regulation for our Grade A dairy
5 program, which includes Grade A dairy farms and dairy
6 plants, and it allows for interstate milk shipments of
7 milk and milk products across interstate lines and for
8 commerce.

9 The revision really focuses on an update
10 and changes to current versions of the federal
11 reference documents within the Grade A Pasteurized
12 Milk and Milk Products Code from the 2009 versions to
13 the 2011 versions, all in accordance with Food and
14 Drug Administration and the Pasteurized Milk
15 Ordinance.

16 REV. MCCURDY: Okay. Thank you.

17 If you refer to the rules committee
18 meeting summary, you will see that we had a number of
19 minor suggestions, and if you look at the version of
20 the rule that you have, as far as I could tell, all
21 the suggestions that we had that were agreed to have
22 been inserted into the rule. So I don't believe there
23 are any remaining loose ends from that discussion.

24 So if there are any other comments from

1 members of the board before we vote on this one?

2 (No response.)

3 REV. MCCURDY: Then I would move that we
4 forward this for public comment as well.

5 CHAIRPERSON ORGAIN: Any objections?

6 REV. MCCURDY: Any objections?

7 (No response.)

8 REV. MCCURDY: Hearing none, we'll move on
9 to the next one.

10 And the next rule is a rule on animal
11 population control. We're going to skip to that one,
12 and somebody in Springfield want to comment on that
13 one, please.

14 MR. GRIFFY: Yeah. This is Allen Griffy.
15 I'm the assistant to the deputy director for the
16 Office of Health Protection.

17 This rule establishes and formalizes our
18 rules for the animal -- the Illinois Public Health and
19 Safety Animal Population Control program which was
20 enacted by legislation in 2005, 2006 time frame.

21 We have never gotten around to doing the
22 rules for this; so we're now doing the rules to
23 document how we're going to manage the program. So
24 this is a new set of rules. This set of rules

1 basically describes how we are administering the
2 program, clarifies what the eligibility requirements
3 are for the program, how members of the public can
4 document that eligibility so that we can approve them.

5 This program provides dog and cat
6 sterilization procedures for Illinois residents who
7 are either owners of a dog or a cat who are on food --
8 currently receiving food stamps or social security
9 disability, and there's also a provision for people
10 who are managing a feral cat colony to also have those
11 cats sterilized through this program.

12 REV. MCCURDY: And, again, just for our
13 edification as a board, could you reiterate the public
14 health concern that leads to the existence of this
15 code?

16 MR. GRIFFY: Yeah. The public health
17 concern is primarily to reduce the population of
18 unwanted animals or unwanted pets and animals that can
19 go wild, especially with the rabies. Our rules allow
20 for rabies vaccination to be a part of the
21 sterilization procedure.

22 The act itself was triggered by a women in
23 the Chicago area who was attacked by a pack of wild
24 dogs, and so this act was enacted to help eliminate

1 that overpopulation of animals by controlling the
2 population of the dogs and cats.

3 REV. MCCURDY: Okay. Thank you.

4 I call your attention again to the rules
5 committee meeting summary on pages 2 and 3. All the
6 concerns that we had that were agreed to for
7 consideration have been -- that are listed here have
8 been addressed.

9 I will add that there were also questions
10 about fees and some confusion about those that are not
11 actually mentioned in the meeting summary, but those
12 also have been addressed in changes, especially in
13 Section 990.700; so -- I mean, I think the concerns we
14 had seem to be addressed here.

15 Other members of the rules committee, if
16 you have comments, feel free. And also, Dr. Whiteley,
17 given the interest in veterinary medicine and so on, I
18 don't know if there's any comments you would have
19 about this one.

20 DR. WHITELEY: No. I looked it over.

21 REV. MCCURDY: Sure. Okay.

22 So then I would propose -- I would move
23 that we forward this one for public comment.

24 DR. ORRIS: Second. Peter.

1 REV. MCCURDY: Dr. Orris seconds.

2 Are there any objections?

3 (No response.)

4 REV. MCCURDY: Hearing none, then we'll
5 forward this one for public comment and then move on
6 to the communicable disease control and immunizations
7 rule.

8 And in this case, no changes -- unless
9 something happened since last night, no changes have
10 been made in the rule that were sent to you as --
11 since our discussion in November since there was no
12 formal action, I presume.

13 So somebody in Springfield want to give us
14 some background on this one?

15 MR. ROBERTS: Sure. This is Matt
16 Roberts. I'm the chief of communicable diseases at
17 IDPH.

18 And this rule governs any and all
19 surveillance and provides at a high level information
20 about disease control measures for communicable
21 diseases. Some diseases are not included in this rule
22 setting, including things such as tuberculosis,
23 HIV/AIDS, other STDs. But everything else falls
24 within this batch here.

1 Some important changes that we made with
2 this round of revisions include adding some diseases
3 that needed to be included that we felt, from a public
4 health perspective, should be added for surveillance
5 purposes and removing some for other reasons.

6 Just as a example, we added babesiosis,
7 which is an emerging pathogen we've noticed from
8 Wisconsin.

9 We removed giardia because we felt -- and
10 felt that it's not worth the bang for the buck from a
11 public health perspective and disease control
12 perspective to be performing the surveillance for that
13 disease.

14 We've also shortened and lengthened some
15 time frames, depending upon what the pathogen was, for
16 how quickly it should be reported to public health
17 authorities.

18 So those -- that at a high level is the
19 rule set and some of the changes that we've made.

20 REV. MCCURDY: Okay. Thank you.

21 I want to make a couple of comments on the
22 meeting summary. On page 12 -- because the meeting
23 summary contains a couple of errors. On page 12, the
24 reference to food handler. It says -- this is on page

1 3 of your minutes -- of your meeting summary. It
2 refers to page 12 of the rule and says the food
3 handler reviewed the sentence that beings "In day
4 care." That should be the sentence that begins "In
5 health care." So it's a different section.

6 And there was some language about patient
7 trays that was recommended to be changed to refer to
8 patient meal.

9 And then on page 41, the reference to an
10 item about HIPAA, the Health Insurance Portability and
11 Accountability Act. The point there was the
12 suggestion was made that the word "HIPAA" be -- or the
13 acronym "HIPAA" be inserted at that location rather
14 than the first mention later on when that same act is
15 mentioned later. And there's some other changes.

16 But at this point I think I'll throw it
17 open for any discussion from the members of the rules
18 committee or the board regarding this rule.

19 MR. HUTCHISON: Dr. McCurdy --

20 REV. MCCURDY: As you can see, there are
21 extensive changes in the meeting summary already that
22 have been suggested, but it was not acted upon.

23 MR. HUTCHISON: Dr. McCurdy, this is Kevin
24 Hutchison.

1 REV. MCCURDY: Please, Kevin.

2 MR. HUTCHISON: I think it's probably a
3 forgone conclusion, but for the purposes of the record
4 I'll make the statement anyway. I think recognizing
5 that reportable conditions and infectious disease in
6 Illinois are part of a nationwide infectious disease
7 and communicable disease control surveillance system,
8 I think it would be certainly consistent that our
9 understanding that these updated rules in Illinois
10 will bring us more into conformance with national
11 standards.

12 MR. ROBERTS: That's correct. Over time
13 we periodically receive feedback from the Council of
14 State and Territorial Epidemiologists and other
15 groups, CDC, and across the board. And we do our best
16 to make our rules conform to those requirements and
17 those guidelines as they change over time.

18 MR. HUTCHISON: Very good. Thank you.

19 DR. WHITELEY: Herb Whiteley here.

20 Since a lot of these diseases are zoonotic
21 diseases, what kind of interaction is there with the
22 Department of Agricultural? A lot of these diseases
23 will show up in the animal population well before they
24 show up in human population. And what kind of

1 interaction and reporting is there to look at various
2 databases to get a head start on things?

3 MR. ROBERTS: Sure. A very specific --
4 one specific item I can bring up: That was
5 highlighted by the rules committee -- that we should
6 define zoonotic diseases; so we -- that's a definition
7 we have added, among other things, of course.

8 At a high level -- we have a state
9 veterinarian. Her name is Dr. Connie Austin. She
10 works closely Dr. Ernst, who is the veterinarian at
11 the Department of Agricultural. They have laws in the
12 Department of Agricultural that apply to animal
13 control and some other animal-related issues. They
14 dovetail closely with what we do, of course, as you
15 mentioned, because of the role of zoonotic diseases
16 and the control of them.

17 We don't have a whole lot of linkage of
18 databases for a number of reasons. Some animals --
19 some of the animal information that's collected -- and
20 that surveillance is collected and reported to ag very
21 cleanly, and sometimes it's not reported so cleanly.
22 And we don't have a very good bead on that information
23 as those rules are not governed by us.

24 But I can speak to the working

1 relationship that we have with ag. We have a very
2 close tie with them, and we -- we do our work and
3 surveillance to make sure that the communication is
4 strong and tight with ag so, if something were to be
5 occurring with Department of Agricultural and vice
6 versa, that we're closely lockstep.

7 Best example I can come up with off the
8 top of my head is the monkeypox outbreak from the
9 earlier part of 2000s, and it was a new outbreak, a
10 new emerging disease that we were observing in the
11 public health world and something that we worked very
12 closely with Department of Ag on, and in many -- many
13 times with an emerging pathogen there is no database
14 set up to perform that surveillance. So it really
15 comes down to the heavy lifting of epidemiologists.

16 DR. WHITELEY: Thank you.

17 REV. MCCURDY: Dr. Orris.

18 DR. ORRIS: Let me also comment for the
19 record -- not so helpfully, I suppose -- that the
20 comprehensiveness of this is quite overwhelming and at
21 some point in the future we would hope that those of
22 us in toxicology and chronic toxic disease would get
23 the same kind of attention for reporting as infectious
24 disease does.

1 REV. MCCURDY: Duly noted.

2 Speaking of reporting, by the way, there
3 is an item in the meeting summary that says questions
4 related to adequate electronic reporting were going to
5 be revisited at our meeting this month. So would you
6 and the staff want to make some comment about that?

7 MR. ROBERTS: Yeah. We have Judy
8 Kauerauf, who is our electronic disease system
9 reporting expert, and she can maybe speak to some of
10 the specific questions.

11 But one important thing we're doing is, as
12 you know, as disease surveillance is a mainstay of
13 public health and electronic disease surveillance
14 makes that mainstay better, quicker, more accurate,
15 the quality improved, we're committing quite a bit of
16 effort to make electronic lab reporting in particular
17 something that we're promoting and pushing heavily
18 across the entire state. And we have a rule here that
19 speaks to that effect, try to tighten that up, and
20 provide some guidance and policy so that the hospitals
21 and labs that are reporting can be working against our
22 goals to meet meaningful use requirements from CDC and
23 HHS and also improve the speed and quality of data
24 capture.

1 MS. KAUEAUF: This is Judy Kauerauf.

2 I think Matt pretty much covered all of
3 the electronic surveillance work that is applicable
4 within the rules.

5 It does mention syndromic surveillance,
6 which is chief complaint data that comes from hospital
7 emergency department data sets, and that is another
8 surveillance system that we are implementing
9 throughout the state, and that's referenced in here as
10 a surveillance system that we're working with.

11 We're also working actively with the
12 Office of Health Information Technology and the
13 governor's office on building a public health node
14 that will be the receiver of data from Health
15 Information Exchange on a statewide level and the
16 repository for valuable population health data.

17 The way in which we access that data is
18 still being -- moving forward. The three meaningful
19 use deliverables -- syndromic surveillance,
20 immunization data, and electronic lab reporting -- are
21 actively being deployed right now. But we also know
22 there are many more opportunities for utilizing those
23 data that we're keeping an eye open to, but right now
24 we are building on those that are the three meaningful

1 use ones.

2 REV. MCCURDY: Thank you.

3 Dr. Orris.

4 DR. ORRIS: Do we have a ongoing mechanism
5 to assess the completeness of reporting and the
6 obstacles to reporting on -- let's say for the new
7 electronic methodology?

8 MS. KAUEAUF: Sure. We evaluate that
9 every day on many different levels: First of all, the
10 completeness with regard to the presence of a lab
11 result and then the demographic information and the
12 other information that's required for us to initiate a
13 case investigation. And by and large, from electronic
14 data, that is a hundred percent improvement from what
15 we ever got on paper. The first year alone of
16 electronic lab reporting from LabCorp -- just one
17 LabCorp reporting of hepatitis data, we saw our
18 numbers for hepatitis C increase by 65 percent, and
19 that was from a lab that we already got paper
20 reporting from. And so it significantly improves the
21 timeliness of reporting and just the overall count of
22 cases that we get. So we definitely assess the
23 quality of that.

24 Carolyn, I don't know if want to speak

1 To the electronic immunization data and your quality
2 checks --

3 DR. ORRIS: How about -- how about the ER?
4 Mostly I'm -- as a physician, I'm mostly suspicious of
5 physician-reported data not being complete.

6 MS. KAUEAUF: Well, yes, that's
7 definitely something that we definitely know we do
8 have underreporting, but we understand that it's a
9 burden for physicians who are actively treating
10 patients and are overtaxed already to also take that
11 time to take another step and report to public health.

12 That's why we -- we see electronic lab
13 reporting where we can get data from systems that are
14 already being for populated for billing and for
15 medical management. If we can extract that data, we
16 can get better quality data, more timely data, and
17 save the medical community that effort of also doing
18 that reporting.

19 So right now the only data that we're
20 getting electronically from emergency departments is
21 chief complaint data. So that has its challenges.
22 It's just a glance at what's going on in the
23 hospitals. It's what the patient presents with, as
24 you know, with their present conditions. And so we

1 can mine that and look for aberrations and then
2 investigate those and see if they turn out to be
3 some -- a public health event.

4 DR. ORRIS: And are we looking at social
5 media? I understand CDC is playing with a concept of
6 social media as a syndromic surveillance methodology.

7 MS. KAUEAUF: I mean, there are systems
8 like Google where you can just look for words, and CDC
9 has utilized that for just looking for people asking
10 about flu symptoms and others.

11 So it's another source of data, not one
12 that we've necessarily tapped into other than just to
13 kind of look and see what's out there.

14 DR. ORRIS: Thank you.

15 MR. HUTCHISON: This is Kevin Hutchison
16 again.

17 REV. MCCURDY: Go ahead, Kevin.

18 MR. HUTCHISON: And I'd just like to, I
19 guess, reemphasize some comments from Dr. Orris and
20 Dr. Whiteley in terms of the integration of infectious
21 disease with zoonotic illness and animal health and
22 certainly environmental impact.

23 It made me think of, under Dr. Whiteley's
24 leadership a year or so ago, there was this concept

1 moving forward, the idea of One Health, integrating
2 human health with environmental health with
3 environmental health [sic], and I know there were
4 representations from -- representatives from
5 Agricultural and EPA and Natural Resources and IDPH,
6 and I think that this rule kind of brings to bear the
7 continuing need to think about how we integrate those
8 various disciplines in public health protection that
9 exceed beyond the scope of IDPH proper.

10 And perhaps this is -- again, once we look
11 at the strategic plan of IDPH, I would hope that we
12 would see that ongoing interest of integrating
13 governmental public health services from a variety of
14 different agencies to the practice and surveillance
15 that's going on out in the field and the community by
16 hospitals, local health departments, and a myriad of
17 others.

18 DR. WHITELEY: Kevin --

19 This is Herb Whiteley again.

20 I second those comments, and we're
21 actually working with the National Center for
22 Supercomputing Applications to develop kind of an
23 interactive type program, but we need access in
24 databases and certainly the one from the IDPH is often

1 difficult to access and get information from.

2 So, I mean, it really is important that we
3 figure out ways to have multiple databases interacting
4 and we figure out some programs that we can use where
5 they can all be looked at at one time.

6 MR. HUTCHISON: Right. And I think the
7 alignment of reporting -- we saw that a few years back
8 with equine encephalitis, when West Nile first emerged
9 in human cases. So I think this rule just kind of
10 brings the importance of keeping our rules up to date
11 but also looking at environmental and animal-related
12 issues as well.

13 Thank you.

14 REV. MCCURDY: Thank you. Sounds like a
15 theme for us to keep in mind as a board going forward
16 as we go ahead.

17 DR. ORRIS: You're working on the
18 databases?

19 COURT REPORTER: I can't hear you.

20 DR. ORRIS: Peter Orris. Question was to
21 Mr. Carvalho about the databases and the procedures.

22 MR. CARVALHO: Yes. This is Dave
23 Carvalho.

24 Two things: As I mentioned, the strategic

1 plan that Dr. Hasbrouck is finalizing -- well,
2 finalizing the first draft of -- will specifically
3 deal with issue of data and data quality and data
4 dissemination.

5 In addition, I don't think it's
6 inappropriate for me to mention that one of the items
7 that we've identified for our legislative agenda is a
8 little bit nebulous in detail at the moment, but we
9 are seeking to look through all of our statutes that
10 pertain to data to try to clear out any idiosyncratic
11 limitations there are to any individual databases that
12 get in the way of dissemination, especially
13 dissemination to researchers under protection of IRB
14 approval and confidentiality agreements.

15 As you'll recall from a couple of years
16 ago, we identified some problems in the Illinois
17 Health Statistics Act that we then got fixed. At this
18 time we want to look at all of our data statutes and
19 see if there's a way we can reconcile any differences
20 so that we are in a better position to share data
21 appropriately with researchers.

22 In concept, that has received approval
23 from the governor's office to move forward. We don't
24 have the specifics of the changes that we need to make

1 to do that. We anticipate, when we have those in line
2 with the timeline of the spring General Assembly, that
3 we will approach many of you in your capacities as
4 data consumers to weigh in both as to the adequacy of
5 the fixes that we propose but then also as to the
6 adequacy of the protections that we envision so that
7 we can secure legislative approval. So watch this
8 space.

9 DR. ORRIS: From -- University of Illinois
10 had a problem.

11 REV. MCCURDY: Thank you.

12 I want to call our attention --

13 This is Dave McCurdy again.

14 I want to call our attention to three
15 specific items in the meeting summary. First of all,
16 on page 94, it says that the section regarding control
17 of contacts will be reviewed by staff, and so I wonder
18 if the staff had anything to report in that regard.

19 MR. ROBERTS: Give me just a moment here.
20 This is on which part now?

21 REV. MCCURDY: Page 94, Section 690.620.

22 MR. ROBERTS: Oh, yes. The rubella rule.

23 REV. MCCURDY: Yes.

24 MR. ROBERTS: So we cleaned that up

1 considerably.

2 REV. MCCURDY: Okay.

3 MR. ROBERTS: Along with pertussis. Those
4 are two areas. And I could read the proposed new
5 language out loud if you'd like to hear that.

6 REV. MCCURDY: Sure. Please do.

7 MR. ROBERTS: Sure. This is under Control
8 of Contacts; is that correct?

9 REV. MCCURDY: Yes.

10 MR. ROBERTS: Yes. So part 1 of --
11 underneath that area: "Susceptible contacts should be
12 excluded from school or the workplace from day seven
13 through 23 following rash onset after last exposure."

14 And then in part 2, we go forward to
15 say -- this is a larger paragraph -- "Susceptible
16 health care workers exposed to rubella should receive
17 a dose of MMR vaccine and should be excluded from duty
18 after the seventh day after first exposure through the
19 23rd day after last exposure, or until seven days
20 after the rash appears. Susceptible exposed health
21 care workers who are vaccinated should be excluded
22 from direct patient care for 23 days after the last
23 exposure to rubella as no evidence suggests that
24 post-exposure vaccination is effective in vaccinating

1 rubella infection in persons already infected at the
2 time of vaccination."

3 And we have Carol Finley here, who is from
4 our immunization section, who helped craft that
5 language; and, Carol, would you want to explain the
6 context of the new language, perhaps?

7 This is from ACIP guidance, I believe.

8 MS. FINLEY: Yeah, this is following ACIP
9 guidance, and there is a reemergence of congenital
10 rubella syndrome nationally. We've had actually one
11 case identified in Illinois so far this year. So I
12 think it was really important to add that clarifying
13 statement to item number 2 because health care workers
14 are on the front line, and although our hospitals and
15 health care facilities do a very good job of assuring
16 their staffs' protection against common vaccine-
17 preventable diseases, this is one that is kind of
18 reemerging, and we wanted to make sure we gave clearer
19 guidance. So we went, I think, a little extra mile on
20 guidance on that second paragraph that we felt would
21 be needed.

22 REV. MCCURDY: Thank you, Carol.

23 I want to go back the first paragraph.

24 MR. CULP: Dr. McCurdy?

1 REV. MCCURDY: Yes.

2 MR. CULP: I'm sorry to interrupt. This
3 is David Culp.

4 Dr. McCurdy, Dr. Orgain, I think as a
5 point of reference it should be pointed out the fact
6 that communicable disease section has incorporated all
7 the suggestions from the rules committee meeting.
8 Unfortunately those were not completed till yesterday
9 afternoon. So I apologize. There wasn't time to get
10 that information out to the board, but I did want for
11 the record to be noted that all the suggestions were
12 very good from the rules committee and have been
13 incorporated. We can go through them -- the points,
14 but that has been -- am I correct, Matt?

15 MR. ROBERTS: That's right.

16 MR. CULP: Yeah. So that is something we
17 can follow up. And I apologize those were not
18 disseminated to the State Board of Health prior to
19 today's meeting, but they have been addressed and
20 incorporated. So I do want that noted.

21 REV. MCCURDY: Okay. Thank you.

22 I just wanted to be sure I was clear on
23 the first one again. The version I have says
24 susceptible health care personnel with direct patient

1 contact and so on. I thought I heard your new version
2 say something about school. So I just want to be sure
3 I didn't mishear that.

4 MR. ROBERTS: Yes. Well -- and, Carol,
5 this is your language, but susceptible contacts should
6 be excluded from school or the workplace from day
7 seven through 23 following rash onset after last
8 exposure. This is for the control of contacts.

9 REV. MCCURDY: So this actually replaces
10 the first -- former first item that referred to health
11 care personnel. Okay.

12 MR. ROBERTS: That's right.

13 REV. MCCURDY: Yeah. Okay. So that was
14 one item. I want to --

15 Dr. Orgain?

16 CHAIRPERSON ORGAIN: Yes. I think I heard
17 it said that the recommendations that were made that
18 you were -- from your meeting summary have been made
19 and we just don't have a copy of that information
20 right now.

21 For purposes of time, let me suggest that
22 we might go on and forward that information, and those
23 persons -- forward the rule, and those persons who are
24 interested -- we will get that additional document,

1 and certainly there's still a comment period for
2 members of the board. So you --

3 (Lost videoconference connection.)

4 CHAIRPERSON ORGAIN: I think we are now
5 ready for the next agenda item.

6 MR. CULP: Dr. Orgain, my apologizes, but
7 we lost you just as you were beginning to speak about
8 disseminating information to the State Board of Health
9 with regard to the communicable disease rules. We
10 lost you at that point; so --

11 REV. MCCURDY: So it hasn't been voted on.

12 CHAIRPERSON ORGAIN: Okay. So I'm going
13 to turn it back over to Rev. McCurdy, and we can
14 finish the vote and then go from there.

15 REV. MCCURDY: Okay. As you'll recall,
16 Dr. Orgain suggested that we take it on faith that the
17 changes that have been made -- needed to be made have
18 been made, and so we move to forward it with those
19 changes for public comment. And it was seconded at
20 this end. Are there any objections?

21 UNIDENTIFIED: None.

22 REV. MCCURDY: Then consider it forwarded,
23 and that should conclude the report of the rules
24 committee.

1 CHAIRPERSON ORGAIN: And I'd like to
2 encourage everyone, Board Members, to -- this one was
3 an exceptionally lengthy rule, and any of the other
4 rules -- that you're still able to make public
5 comment.

6 REV. MCCURDY: Yes.

7 CHAIRPERSON ORGAIN: And I would like to
8 encourage that.

9 REV. MCCURDY: And particularly with
10 communicable diseases. I mean, this is a significant
11 set of questions; so people should feel free.

12 CHAIRPERSON ORGAIN: All right. I want to
13 thank the committee.

14 And we'll move on to item number VI on the
15 agenda. Carol.

16 MS. FINLEY: This is Carol Finley with the
17 immunization section, and I wanted to report to you
18 specifically.

19 When I last came before you on behalf of
20 the section, you had approved our code for 665 and
21 695, both of which related to changes and addition
22 requirements for school vaccination requirements.

23 And our rules and our law require us to
24 have three public hearings after you approve our

1 changes, and those all occurred in October; and I want
2 to say thanks to those members of the Board of Health
3 who attended those public hearings in Chicago,
4 Springfield, and Mt. Vernon, and also to Cleatia who
5 weathered those -- all three of those hearings. So
6 appreciate that.

7 After those hearings -- so I'm kind of
8 giving you an update. After those hearings, our
9 immunization advisory committee met in November and,
10 in consideration of time frames to move forward to
11 enact these rule changes, decided that they actually
12 want to defer the implementation of the rule changes
13 which would add a second dose of measles -- excuse
14 me -- a second of dose of mumps and rubella and
15 varicella in specific grade ranges until the 2014-15
16 school year because it's most likely that enactment of
17 those, with the processes that occur towards
18 enactment, will not be completed until this summer
19 when all the kids will -- who have to be notified and
20 their parents -- the kids will be out of school so
21 we'll lose part of our notification strategy, and
22 they'll come back and not be well advised or compliant
23 with the new school recommendations and requirements
24 in 2013-14 school year. So we want to push that one

1 year.

2 But I also want to report to you that, at
3 that same meeting of our immunization advisory
4 committee, they voted or supported that we work with
5 the State Board of Education to move forward to fully
6 enforce next school year, 2013-14, the Tdap
7 requirement that you assisted us in putting on the
8 rulebooks last year. So they're voting for full
9 enforcement of that in grades 6 through 12 next school
10 year for the Tdap requirement.

11 MR. CULP: Dr. Orgain, this is Dave Culp.

12 And Dave Carvalho can confirm, but the
13 proposals that Carol has put forth have been approved
14 by the immunization advisory committee, signed off by
15 that chair, Dr. Daum, as well as approved by Dr.
16 Hasbrouck, and so we now bring forth to the State
17 Board of Health for your approval with recognition we
18 would be following up with the State Board of
19 Education through Dr. Hasbrouck to confirm their
20 awareness as they are a partner in this
21 implementation.

22 CHAIRPERSON ORGAIN: So two things:
23 One is I need to disclose that I was part of the
24 discussion with the Illinois Academy of Family

1 Physicians in regards to their written testimony as I
2 am a past president of the Illinois Academy of Family
3 Physicians. I want to disclose that.

4 And so that, in the letter that you have
5 here, where it says Michael Temporal, president of the
6 Illinois Academy of Physicians, it should be the
7 Illinois Academy of Family Physicians as a correction.

8 MR. CULP: Okay. Thank you.

9 CHAIRPERSON ORGAIN: And then secondarily,
10 I would also then -- if there are no objections, then
11 we can move forward with your recommendation.

12 REV. MCCURDY: Just a procedural question.

13 This is Dave McCurdy.

14 And that is, is it, in fact, the role of
15 the State Board of Health to give permission for this?
16 Or is that the right term?

17 MR. CULP: Dave, I'll defer to you on
18 that.

19 MR. CARVALHO: Yeah, I --

20 REV. MCCURDY: It's on this -- at the
21 bottom.

22 MR. CARVALHO: This is Dave.

23 I don't know, but if you give us your
24 permission, it will work, even if it's not needed.

1 CHAIRPERSON ORGAIN: And so, if there are
2 no objections, one is that we can move forward with
3 the recommendation as well as the permission.

4 REV. MCCURDY: Whatever it is, yes.

5 CHAIRMAN ORGAIN: And hearing none, you
6 have that -- you have that --

7 MR. CULP: Thank you, Dr. Orgain.

8 CHAIRPERSON ORGAIN: You're welcome.

9 Okay. So the next item on the agenda
10 would be Conny Moody and the report in regards to the
11 block grant.

12 MS. MOODY: Yes. Good afternoon. This is
13 Conny Moody with the Office of Health Promotion. And
14 I apologize. I am on the road. So I'll try and speak
15 as clearly as possible.

16 This is my annual presentation to you of
17 the Public -- the Preventive Health and Health
18 Services Block Grant application on behalf of the
19 Illinois Department of Public Health. This block
20 grant funding, which is provided by the CDC to all
21 state and territories, funds programs both in the
22 office of health protection -- excuse me -- the office
23 of health promotion and the office of policy,
24 planning, and statistics.

1 As you'll note from the application, the
2 department received annually approximately \$1.9
3 million in an allocation by the feds, and this is to
4 support the block grant cost for programs in the area
5 of the Behavioral Risk Factor Surveillance System, the
6 early cure and detection and intervention program, the
7 Hospital Report Card project, the perinatal program,
8 the IPLAN program. We have some money for injuries
9 and injury control, and then there's also a set-aside
10 program that is included in the block grant funding,
11 but it's calculated separately by the feds for the
12 sexual assault program, and that set-aside is \$304,000
13 of the 1.9 million.

14 The block grant application process
15 requires us to present the draft work plan to the
16 State Board of Health and then also to hold a public
17 hearing on the application in case there is input from
18 the public. That public hearing has been scheduled
19 for January 9th in Springfield. We are publishing the
20 hearing notice in the state newspaper of record as we
21 are required to do, and we will have staff available
22 to answer any questions both in writing or in a
23 presentation by members of public who choose to
24 participate.

1 The work plan draft that you see in front
2 of you follows the CDC online application in terms of
3 explaining the FTEs, the objectives, the baseline data
4 of each of the programs that are funded by the block
5 grant, and you will note -- I'm sure that it does say
6 use Healthy People 2010 data. The CDC is currently in
7 the process of changing that online application to
8 Healthy People 2020, but they expect that that will
9 not happen until sometime in the spring. So we are
10 still working off of the Healthy People 2010.

11 Just one final comment, and that is that
12 the funding level has been unchanged for the last
13 three years, but the funding is very integral to the
14 programs that have been allocated from the funding.

15 Thank you.

16 REV. MCCURDY: Any comments?

17 CHAIRPERSON ORGAIN: Cynthia -- Conny?

18 MS. MOODY: Yes.

19 CHAIRPERSON ORGAIN: Are you finished with
20 your report?

21 MS. MOODY: Yes, I am. Thank you.

22 CHAIRPERSON ORGAIN: All right. Thank you
23 very much.

24 Any comments or questions for Conny?

1 REV. MCCURDY: This is Dave McCurdy.
2 Just one question, Conny. In the
3 contents, I see mention, under the injury and injury
4 control program, there's a section for maltreatment of
5 children. When I got into the text of the document, I
6 didn't see that subject there, and I could have missed
7 it, but I just didn't see it. I saw unintentional
8 injury deaths and suicide but not maltreatment of
9 children.

10 MS. MOODY: Right. And thank you for
11 pointing that out. I do need to correct that in the
12 application. We do not direct funds to that
13 intervention. Those funds have been reallocated into
14 our general injury prevention and control program. So
15 I will -- I will correct the application to reflect
16 that properly.

17 REV. MCCURDY: Thank you.

18 MR. CARVALHO: This is Dave Carvalho.

19 The only other thing to note, there is not
20 a spring, winter, summer, or fall that whatever budget
21 crisis is going on in Washington this isn't on the
22 chopping block.

23 So as you approve this, it gives you some
24 insight, when you read that in the newspapers, which

1 programs within our department would be either
2 devastated or wiped out if that indeed comes to pass
3 in Washington.

4 MR. HUTCHISON: This is Kevin.

5 And just for the record, I think --
6 certainly support the strategies that were employed in
7 this grant application by IDPH. Of particular note is
8 the Behavioral Risk Factor Surveillance System.
9 Having funding for that is very, very important to us
10 out in the field in local health departments and
11 county-level data to have some valid information that
12 we receive from time to time on the health practices
13 and health behaviors of persons living in our
14 communities that directly align with the intervention
15 strategies of the State Health Improvement Plan,
16 Healthy People 2020, and certainly the national
17 prevention strategy. Thanks.

18 CHAIRPERSON ORGAIN: Thank you.

19 Any additional questions for Conny?

20 MR. CARVALHO: Dave Carvalho again.

21 I should let you know, on that point, that
22 "from time to time" has been elongated. These funds
23 used to support our ability to do these county-level
24 surveys on a three-year cycle. We've now had to go to

1 a five-year cycle. There's even some risk that we
2 will have to go to a seven-year cycle. The only good
3 news in that is that we do them at all, as many states
4 do not do them at the county level.

5 Obviously our state-level survey includes
6 surveys from all counties, but, if you're familiar
7 with statistics, you'll know that the surveys from
8 some of the smaller counties do not yield
9 statistically significant information unless you
10 oversample.

11 This is what we are able to do with these
12 funds in the absence of any growth in these funds.
13 The growing cost of doing the surveys have not allowed
14 the three-year cycle to continue.

15 MR. HUTCHISON: This is Kevin again.

16 And it just makes me think to hearken back
17 to our earlier conversations. When we look at data
18 and data extraction now with the evolution in
19 electronic medical records, the standards of care
20 that's going to be employed in community health and
21 primary care physicians' offices, when we look at the
22 medical care home, they are probably asking some of
23 these questions. We look at prevention and prevention
24 strategies and risk behaviors for smoking and obesity

1 and some of these things in the individual physician's
2 patient base. That perhaps there are avenues that
3 we'll be able to -- since funding for the behavioral
4 risk and others is diminished, there will be emerging
5 opportunities to extract information that will be
6 meaningful to us on a population-based basis --
7 population health basis.

8 CHAIRPERSON ORGAIN: Great. Thank you
9 very much for your input.

10 Thank you, Conny. Travel safely.

11 MS. MOODY: Thank you.

12 REV. MCCURDY: Yes. Thanks.

13 MR. CARVALHO: We need approval of that, I
14 think, don't we? I think it needs to be -- show that
15 we've -- I think this has come to you in the past for
16 approval, and, again, if it's not --

17 CHAIRPERSON ORGAIN: I've been advised
18 that we may need to approve the block grant -- the
19 information that was provided to us by Conny and if
20 there are --

21 MR. HUTCHISON: I move to approve.

22 CHAIRPERSON ORGAIN: All right. No
23 objections?

24 REV. MCCURDY: No objection.

1 CHAIRPERSON ORGAIN: Any objections?

2 (No response.)

3 CHAIRPERSON ORGAIN: Hearing none,
4 consensus. Thank you very much. Okay.

5 All right. So we're on to item number VII
6 of the agenda, and the first item is (A). This is the
7 usual time of the year at which we elect officers.
8 And so the main officers would be the chair and the
9 co-chair for the committee. And since I'm the chair,
10 I'm going to begin with the co-chair.

11 And are there any nominations for co-chair
12 of our State Board of Health?

13 DR. ORRIS: Do we have to renominate?

14 CHAIRPERSON ORGAIN: Yes, we do.

15 Say your name.

16 DR. ORRIS: David McCurdy.

17 MR. HUTCHISON: I second that.

18 DR. ORRIS: Peter Orris nominates David
19 McCurdy.

20 CHAIRPERSON ORGAIN: So it's been
21 appropriately moved and seconded to nominate Rev.
22 David McCurdy for co-chair of the State Board of
23 Health.

24 And this one I'll take an "all in favor

1 of" say aye.

2 (Ayes heard.)

3 CHAIRPERSON ORGAIN: Any opposed? Any
4 opposed say nay.

5 (No response.)

6 CHAIRPERSON ORGAIN. Then unanimous
7 that -- of the members present that we have reelected
8 Rev. David McCurdy as co-chair.

9 And I will turn the meeting over to Rev.
10 McCurdy for this piece.

11 REV. MCCURDY: So, first of all, thank you
12 to the members for your vote of confidence. I
13 appreciate it and look forward to serving for another
14 term.

15 And now the floor is open for nominations
16 to be the chair of the State Board of Health.

17 MR. HUTCHISON: I nominate Dr. Orgain.

18 DR. SCHNACK: Second.

19 REV. MCCURDY: It's been moved and
20 seconded. And who was the second again?

21 DR. SCHNACK: Dr. Schnack.

22 REV. MCCURDY: Thank you, Dr. Schnack.

23 Are there any other nominations?

24 (No response.)

1 REV. MCCURDY: Hearing none, I also will
2 call for a vote on the nomination we have. All in
3 favor of the nomination of Dr. Orgain say aye.

4 (Ayes heard.)

5 REV. MCCURDY: Opposed say nay.

6 (No response.)

7 REV. MCCURDY: The ayes have it.

8 Dr. Javette Orgain has been chosen again
9 to be the chair of the State Board of Health.

10 Back to you, Dr. Orgain.

11 CHAIRPERSON ORGAIN: Go ahead, Peter.

12 DR. ORRIS: As a member of the board, I
13 would like to say to both of you we appreciate your
14 willingness to serve again.

15 REV. MCCURDY: Thank you.

16 CHAIRPERSON ORGAIN: I probably should
17 have let him say that after I had something to say
18 because I'm officially saying that it has been my
19 pleasure, and the year 2013 will make it ten years
20 that I've served as the chair of the State Board of
21 Health. And so I'm hopeful that the members will
22 consider another chair as we move into the election at
23 the end of 2013. If there's any desire on your part
24 to serve as chair, just talk with me, and I'll be

1 available. Thank you.

2 So let me move on.

3 MR. CARVALHO: So you just announced a
4 year-long campaign?

5 CHAIRPERSON ORGAIN: Let me move on to
6 item (B) under number VII, which is State Board of
7 Health bylaws ad hoc committee which I chaired, and
8 you have the summary there. I'd like to give some
9 background.

10 I had an opportunity to meet with the
11 members on September the 27th. We decided that we
12 would not rush to get the bylaws completed by this
13 meeting. The bylaws -- or revisions completed by this
14 meeting but would take the opportunity to review them.
15 We thank David Carvalho for providing us some comments
16 and some guidance in that direction, and I thank the
17 members for being present, and for those who weren't,
18 we understand the reasons why.

19 We will need to add to the calendars that
20 you have meeting dates for the bylaws subcommittee,
21 and so at a point I will ask Cleatia to poll the
22 members so that we can get some dates so that they can
23 also be published, and then anyone who desires a
24 meeting with us can do so and comment as we move

1 forward.

2 And so what we would like is to also be
3 able to have information in regards to the strategic
4 plan for IDPH as we also consider our bylaws, and we
5 will be considering that as we meet.

6 So with that, I would move receipt of the
7 bylaws meeting summary, and if there are no additions,
8 corrections, and objections -- are there any
9 objections? Any members of the subcommittee would
10 like to have any additional comments?

11 (No response.)

12 CHAIRMAN ORGAIN: Hearing none and hearing
13 no objections, we can move forward. Thank you.

14 Item (C), committee membership. David,
15 I'll give that to you.

16 MR. CARVALHO: Oh, you need --

17 REV. MCCURDY: Reappoint people.

18 CHAIRPERSON ORGAIN: Right. Right.

19 We need to, for our rule -- for our
20 committees that we do have, policy and rules
21 committee, we need to appoint those members --
22 reappoint those members. I'm wondering if we have any
23 resignations.

24 Primarily on the rules committee, we do

1 have a member resignation, and that is Dr. Jerry
2 Kruse. So we do need to --

3 REV. MCCURDY: He's on policy.

4 CHAIRPERSON ORGAIN: I'm sorry. For
5 policy -- I apologize, and I appreciate the
6 correction.

7 For our policy committee, we do have a
8 resignation from the board. So we do need a member
9 for the policy committee. Are there any volunteers?
10 Any volunteers?

11 (No response.)

12 CHAIRPERSON ORGAIN: We will consider
13 that, and we will allow the chair of that committee,
14 who is Karen Phelan, to make some suggestions at a
15 later time. Okay. And we can make that approval at a
16 later date as well.

17 The next would be the rules committee, and
18 I don't believe --

19 REV. MCCURDY: The same -- Dr. Evans was
20 actually the last to depart from that.

21 CHAIRPERSON ORGAIN: Yes. Dr. Caswell
22 Evans, who is also a member that resigned from the
23 board, was on the rules committee. So we need a
24 member for the rules committee. Are there any

1 volunteers?

2 MR. BANASZYNSKI: Does that require that
3 you have to go down to Springfield?

4 CHAIRPERSON ORGAIN: It does not.

5 COURT REPORTER: Who is that?

6 MR. BANASZYNSKI: This is David
7 Banaszynski.

8 CHAIRPERSON ORGAIN: The question was --
9 can you repeat your question, please.

10 MR. BANASZYNSKI: The question I had for
11 the chair was if you are required to show up in
12 Springfield for those meetings. I was informed that
13 you are not, that you can call in. So I am
14 volunteering for that committee.

15 CHAIRPERSON ORGAIN: And we appreciate the
16 volunteer.

17 Any objections of the members to David
18 Baba --

19 MR. BABASZYNSKI: Babaszynski.

20 CHAIRPERSON ORGAIN: -- Babaszynski
21 serving on the rules committee?

22 (No response.)

23 CHAIRPERSON ORGAIN: Hearing none, then we
24 have a member, and we thank you very much for

1 volunteering.

2 REV. MCCURDY: We welcome you with the
3 kinds of interest and expertise that you have.

4 CHAIRPERSON ORGAIN: Absolutely.

5 MR. BABASZYNSKI: Thank you.

6 MR. CARVALHO: I'll just note that the
7 committee will now have two Davids and support from a
8 third; so we'll have to be careful with the minutes
9 there, yes.

10 CHAIRPERSON ORGAIN: I believe that takes
11 care of the committee memberships.

12 And we'll move on to item (D), and I'll
13 turn it over to David Carvalho.

14 MR. CARVALHO: Okay. Those of you who
15 know me may know -- think that I've been speaking
16 extremely carefully today, and that's because a couple
17 of months ago I ran into someone who said, "Boy, I
18 read those transcripts of the State Board of Health
19 meetings, and it's really interesting." And it never
20 occurred to me that anybody actually read these
21 transcripts. So I've been choosing my words more
22 carefully.

23 As you recall last year, the Senate passed
24 a law that said that persons who are on a board whose

1 terms have expired may continue to serve for no more
2 than 60 days in a carryover spot.

3 Prior to that law, persons served until
4 their successor was appointed, and many of you had
5 terms that had been filled in that way for several
6 years.

7 So in order to get the board back up to a
8 full complement and to have the terms staggered in
9 accordance with the statute, we had an extended
10 process at the beginning of this year that culminated
11 in the appointment of several new members and
12 re-appointment of several ongoing members with an
13 appointment period that we thought was going to lead
14 to an evenly staggered board.

15 Something happened along the way, and the
16 terms of appointment did not coincide with what we
17 thought they were going to be, and since this is a
18 transcript that is read, I will just leave it at that
19 and say that now we are in the situation where several
20 of you had terms that expired November. So in the
21 60-day window, this meeting fell, and so that's why I
22 said at the very beginning of the meeting all of you
23 were full members of the board.

24 However, 60 days after your terms expire,

1 you are no longer full members of the board. So we
2 have until next March, in the case of your board
3 meeting, and several weeks before that, in the case of
4 your committee meetings, to get the reappointment of
5 those members who wish to continue to serve and the
6 new appointment of members to the vacancies that
7 remain.

8 We are at work on that. I believe at the
9 last meeting I'd asked all of you whose terms were
10 expiring to go to the website, which is the exclusive
11 vehicle for submitting your interest in reappointment.
12 However, at the time that I said that, I don't think I
13 realized that there were some of you whose terms were
14 expiring that I did not believe should have been
15 expiring. But they are and they did.

16 So those of you whose terms expired, I'll
17 read off your names and ask that, if you wish to be
18 reappointed, first off, let us know so that we can
19 bird-dog it from our end but also go to the website --
20 the governor's appointments website to seek
21 reappointment. As I read these names, some of you are
22 going to say, "Wait a second. I was just appointed
23 five months ago," to which I can only say, "Yes, you
24 were."

1 So the persons whose terms expired
2 November 1st are Pat Basu, Victor Forys, Jane Jackman,
3 Jerry Kruse, Carolyn Lopez, Javette Orgain, Peter
4 Orris, Tim Vega, and Herb Whiteley. So please offline
5 let Cleatia and me know of your decision about whether
6 you're going to reapply but then go to the
7 appointments website of the governor's site and fill
8 out the information to file a reapplication.

9 Do I need to read the names again, or did
10 everybody catch those? Okay.

11 DR. LOPEZ: This is Carolyn Lopez.

12 MR. BOWEN: Just a moment. David, we
13 have -- Dr. Lopez is on -- question.

14 DR. LOPEZ: Sorry. I just wanted to
15 confirm. I knew that I was needing reappointment, and
16 so I already went to the governor's website to --

17 MR. CARVALHO: Terrific.

18 DR. ORRIS: And you indicated that I have
19 also?

20 MR. CARVALHO: Yes. If you've gone to the
21 governor's website in the last three or four months
22 either in anticipation of the expiration of your term
23 or because I had asked you to do that at the September
24 meeting, you are fine. If you haven't gone -- and so

1 let's use an example. Yes, Dr. Orgain or probably Pat
2 Basu, who was just appointed in June, yes, for
3 whatever reason, the appointment letter said November
4 1st of 2012. So you need to go back to the website
5 again and --

6 DR. ORRIS: Do you have a way of knowing
7 who went to the website? Because I don't remember.

8 MR. CARVALHO: Yes. And I can check for
9 any of you if you can't recall whether you've done
10 this in the last three or four months. Okay.

11 REV. MCCURDY: And, see, I am forgetting,
12 but doesn't the statute say that the terms were to be
13 staggered a certain way? So is this not also improper
14 in some way that terms be set up this way, or am I
15 completely missing the boat on that?

16 MR. CARVALHO: Well, for purposes of the
17 transcript, I will say it's unfortunate.

18 REV. MCCURDY: Right. But we were
19 supposed to be staggered one third, one third, one
20 third, more or less; is that correct?

21 MR. CARVALHO: Yes. The additional
22 complication --

23 This is Dave.

24 The additional complication is, in the

1 meantime, the legislature has expanded the board yet
2 again, raising its numbers to 20, by adding the
3 category of optometrist, I believe. So we will be in
4 search of an optometrist.

5 CHAIRPERSON ORGAIN: All right. Thank
6 you.

7 I want to add to that, in terms of the
8 resignations, and I want to thank everybody who has
9 served and give a farewell to those who are resigning,
10 and Dr. Herb Whiteley is resigning at the point at
11 which there will be a replacement, and we appreciate
12 your service to the State Board of Health.

13 Thank you very much.

14 DR. WHITELEY: Thank you.

15 MR. CARVALHO: If I could say -- well,
16 actually, since Dr. Whiteley's term expired November
17 1st, his term will expire 60 days after November 1st,
18 which is to say January 1. So we should thank him now
19 because you won't be here.

20 DR. WHITELEY: I won't be here.

21 CHAIRPERSON ORGAIN: Exactly. Exactly.

22 DR. WHITELEY: Thank you.

23 CHAIRPERSON ORGAIN: And the additional
24 persons who have resigned that are not with us are

1 Dr. Jerry Kruse and Jane Jackman.

2 And I want to give Pat Basu an opportunity
3 to tell us a little bit about herself --

4 MS. BOWEN: Himself.

5 CHAIRPERSON ORGAIN: Himself. I
6 apologize. -- himself as he is a new member. Are you
7 still with us.

8 MS. BOWEN: I don't believe he is,
9 Dr. Orgain.

10 CHAIRPERSON ORGAIN: Okay, then. Thank
11 you.

12 Well, moving on on the agenda, we have
13 meeting dates, which you have a document. We don't
14 need to go over them.

15 And we'll go on to item number VIII on the
16 agenda, legislative update.

17 MR. CARVALHO: That's me. I'm sorry.
18 Well, Kim -- is Kim in the room, Cleatia?

19 MS. BOWEN: No, she's not here. I'll call
20 and see if she's up there.

21 MR. CARVALHO: Well, actually, I -- as I
22 think about it, I, in effect, gave you the legislative
23 update earlier, which is to say the veto session is
24 over. We've got our agenda coming up and anticipate

1 6- to 9,000 bills introduced next session, many of
2 them familiar.

3 CHAIRPERSON ORGAIN: Okay. All right.

4 REV. MCCURDY: Thank you.

5 CHAIRPERSON ORGAIN: In terms of the
6 reappointments and resignations and those of you who
7 are on the board, let me go back to that a minute and
8 say that, if you have not -- and you should have --
9 and, David, I would request just a -- you know, just a
10 -- just a status update on everybody who has -- who
11 has completed their ethics training. I presume that
12 should be everybody at this point.

13 MR. CARVALHO: Yes.

14 Cleatia, do you have those records?

15 MR. CULP: She stepped out.

16 MR. CARVALHO: We'll get that to
17 everybody.

18 As you may recall, the legislature keeps
19 pile -- adding obligations to board members: the
20 Opens Meeting Act training, the Ethics Act training.
21 And we report to the appropriate people in the
22 governor's office and the executive branch your
23 participation. So if there's anybody who hasn't done
24 it when we check our records, we'll let you know so

1 that you can get that done and we won't have to report
2 you.

3 CHAIRPERSON ORGAIN: And Cleatia's back in
4 the room.

5 MS. BOWEN: Yes, I'm here.

6 MR. CARVALHO: Has everyone completed
7 ethics training, Cleatia?

8 MS. BOWEN: Yes. Everyone except for --
9 well, Dr. Mohammed Sahloul -- he hasn't, and I've got
10 a request from the Office of Inspector General, and
11 they have requested information, and so I don't -- I
12 don't have a form for him, David; so --

13 MR. CARVALHO: Okay. Why don't we just
14 leave that one at that.

15 MS. BOWEN: Okay.

16 CHAIRPERSON ORGAIN: And so from a process
17 perspective, just let it be said that that is part of
18 our responsibility in regards to being on the State
19 Board of Health, and we will handle it from here.
20 Thank you very much.

21 Okay. I don't hear --

22 MS. BOWEN: Dr. Orgain, one other thing.

23 CHAIRPERSON ORGAIN: Yes, ma'am.

24 MS. BOWEN: If new members need a photo

1 ID -- we've had problems with the photo machine; so
2 some of your pictures have been eaten up by the
3 machine. So please send me a new picture. If you're
4 not satisfied with your old ID, contact me, send me a
5 new photo, and we'll get you one for 2013.

6 CHAIRPERSON ORGAIN: And everybody please
7 take a look and ascertain because I guess they would
8 be expiring. For those of us who are currently on the
9 board, they would be expiring when?

10 MS. BOWEN: They should be -- yes, they
11 should be expired now.

12 CHAIRPERSON ORGAIN: And so everybody
13 please take a look at your ID, your State Board of
14 Health ID, and contact Cleatia in regards to getting a
15 new one for the upcoming year.

16 MS. BOWEN: Okay. And, secondly,
17 Dr. Orgain, if you have a parking receipt, please
18 remember I need the original receipt in order for you
19 to get reimbursed for your parking fee.

20 CHAIRPERSON ORGAIN: Okay. Do you have
21 any additional housekeeping items, Cleatia?

22 MS. BOWEN: No, I think that's it, Dr.
23 Orgain.

24 CHAIRPERSON ORGAIN: Okay.

1 REV. MCCURDY: One other membership
2 related item, and that is, those of us who were
3 reappointed recently, confirmation hearings -- is
4 there anyway to know what and when to expect anything
5 with regard to those?

6 MS. EGONMWAN: I'll put it on my lift.

7 REV. MCCURDY: Okay.

8 CHAIRPERSON ORGAIN: All right. Thank you
9 very much.

10 MS. EGONMWAN: Sure.

11 CHAIRPERSON ORGAIN: Any additional items
12 of business?

13 (No response.)

14 CHAIRPERSON ORGAIN: Hearing none, I want
15 to thank everybody for your service, for reelecting
16 myself and David as chair and co-chair, thank all the
17 staff, and say happy holiday.

18 REV. MCCURDY: Yes. Thank you.

19 CHAIRPERSON ORGAIN: And if there's no
20 objections, then we are officially adjourned.

21 (Meeting adjourned at 12:52 P.M.)

22

23

24

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

CERTIFICATE OF REPORTER

STATE OF ILLINOIS)

) ss.

COUNTY OF SANGAMON)

I, ROBIN A. ENSTROM, a Registered Professional Reporter, Certified Shorthand Reporter, and Notary Public within and for the State of Illinois, do hereby certify that the foregoing proceedings were taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that I am neither counsel for, related to, nor employed by any of the parties to the action in which these proceedings were taken; and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.

ROBIN A. ENSTROM

A				
aberrations 47:1	add 18:17,19 28:20 30:8	16:12	ahead 25:17 30:5 32:17	16:21
ability 65:23 86:10	36:9 53:12	adopt 9:7,8 10:17 12:12	47:17 49:16	anticipation 78:22
able 57:4 66:11 67:3 72:3	58:13 71:19	adopted 9:18 9:20 11:13	70:11	anybody 75:20 82:23
absence 66:12	added 29:3 38:4,6 41:7	advanced 16:13	albeit 16:15	anyway 40:4 85:4
absent 3:8,8,9 3:9	adding 38:2 80:2 82:19	advantage 8:23	align 15:5,13 19:9 65:14	apologize 54:9 54:17 61:14 73:5 81:6
Absolutely 23:19 24:16 75:4	addition 50:5 57:21	advised 58:22 67:17	aligned 16:22	apologizes 56:6
Academy 59:24 60:2,6,7	additional 4:3 18:3,14 23:7	advisory 58:9 59:3,14	alignment 19:1 49:7	appears 52:20
access 21:15 44:17 48:23 49:1	23:8,10 25:11	Advocate 21:20	alive 9:24	applicable 26:3 44:3
accessibility 15:10	29:5 55:24	affirmative 8:5	Allen 3:16 5:17 34:14	application 61:18 62:1,14 62:17 63:2,7 64:12,15 65:7
accessible 23:18	65:19 72:10	Affordable 15:10	allocate 16:7	allocates 63:14
accomplishm... 27:18	79:21,24	afternoon 54:9 61:12	allocated 63:14	allow 35:19 73:13
Accountability 39:11	80:23 84:21	ag 41:20 42:1,4 42:12	allocation 62:3	allowed 66:13
accurate 43:14	85:11	agenda 5:6,9 6:20,21 7:3 7:23 8:6	allows 33:6	alludes 15:17
ACIP 53:7,8	additions 6:22 29:11 72:7	agency 11:14 16:1	allusion 22:7	ambulatory 23:7 24:4
acronym 39:13	address 8:19 8:19	agencies 48:14	ambulatory 23:7 24:4	animal 2:10 34:10,18,19 40:23 41:12 41:19 47:21
act 15:10 35:22 35:24 39:11 39:14 50:17 82:20,20	addressed 10:23 36:8,12 36:14 54:19	agency 11:14 16:1	ambulatory 23:7 24:4	animals 35:18 35:18 36:1 41:18
acted 30:12 39:22	addressing 19:10	agenda 5:6,9 6:20,21 7:3 7:23 8:6	animal-related 41:13 49:11	announced 71:3
action 37:12 86:12,17	adequacy 51:4 51:6	ago 7:7,9 22:23 47:24 50:16 75:17 77:23	annual 61:16	annually 62:2
active 15:18 17:23 25:18	adequate 43:4	agreeable 30:15,18	answer 13:6 14:8 15:16 17:4 62:22	annual 61:16
actively 8:6 44:11,21 46:9	adequately 10:23	agreed 33:21 36:6	anticipated 14:10 16:24 51:1 81:24	announced 71:3
activities 17:6 21:7 22:3	adjourned 85:20,21	agreements 50:14	anticipate 14:10 16:24 51:1 81:24	annual 61:16
activity 9:9,10 20:6 21:2	Adjournment 2:20	Agricultural 40:22 41:11 41:12 42:5 48:5	anticipates 8:13	annually 62:2
ad 2:16 71:7	Adkins 3:6 4:16,16		anticipating	answer 13:6 14:8 15:16 17:4 62:22

57:24 64:23 67:18,21 approved 21:16 57:20 59:13,15 approximately 62:2 area 35:23 52:11 62:4 areas 18:24 23:15 28:14 52:4 argument 16:13 ascertain 84:7 asked 8:10 77:9 78:23 asking 27:8,9 47:9 66:22 aspects 12:22 assault 62:12 Assembly 9:3,5 9:10,16 11:2 51:2 assess 45:5,22 assistant 34:15 assisted 59:7 Association 16:10 21:21 assuring 53:15 attacked 35:23 attended 58:3 attention 14:11 29:19 36:4 42:23 51:12 51:14 attorney 86:14 Austin 41:9 authorities 38:17 authority 31:14 31:23 automation 31:13 availability 30:1	available 8:13 18:14 62:21 71:1 AVENUE 1:7 avenues 27:6 67:2 aware 25:14 28:6 awareness 59:20 aye 69:1 70:3 eyes 69:2 70:4 70:7 A.M 1:18 <hr/> B <hr/> B 2:6,9,16 71:6 Baba 74:18 Babaszynski 74:19,19,20 75:5 babesiosis 38:6 Babette 3:4 4:20 18:16 back 6:12 9:1 11:21 16:3 49:7 53:23 56:13 58:22 66:16 70:10 76:7 79:4 82:7 83:3 background 37:14 71:9 Banaszynski 3:6 4:10,10 74:2,6,7,10 bang 38:10 base 67:2 based 16:15 31:24 baseline 63:3 basically 35:1 basis 32:4 67:6 67:7 Basu 3:7 4:23 4:23 5:1 78:2	79:2 81:2 batch 37:24 bead 41:22 bear 48:6 beginning 56:7 76:10,22 begins 39:4 begun 21:18 behalf 57:19 61:18 behavioral 62:5 65:8 67:3 behaviors 65:13 66:24 beings 39:3 believe 33:22 53:7 73:18 75:10 77:8,14 80:3 81:8 beneficial 28:1 Bernard 3:15 5:15 31:5 best 40:15 42:7 86:9 better 6:17 7:13 43:14 46:16 50:20 beyond 8:15 48:9 BHC 26:10 28:24 bill 9:24 10:2,6 10:6,7,8,13 10:15,16,19 10:22,24 12:6 billing 46:14 bills 7:24 8:5,7 82:1 bird-dog 77:19 bit 43:15 50:8 81:3 blame 30:22,24 block 61:11,18 61:19 62:4,10 62:14 63:4	64:22 67:18 blood 19:15 bloom 22:8 Bloomington 4:14 board 1:1,15 3:1 4:5,18 10:4 13:4,17 13:21 14:2,4 14:7 17:16 19:11 25:18 26:12 27:12 30:15 34:1 35:13 39:18 40:15 49:15 54:10,18 56:2 56:8 57:2 58:2 59:5,17 59:18 60:15 62:16 68:12 68:22 69:16 70:9,12,20 71:6 73:8,23 75:18,24 76:7 76:14,23 77:1 77:2 80:1,12 82:7,19 83:19 84:9,13 boat 79:15 book 22:9 bottom 60:21 Bowen 3:17 4:11,15,21 5:1 18:9 26:16,20,22 32:12 78:12 81:4,8,19 83:5,8,15,22 83:24 84:10 84:16,22 Boy 75:17 branch 82:22 breadth 14:1 brief 7:20 32:21 briefly 7:6	bring 14:10 40:10 41:4 59:16 brings 48:6 49:10 broad 25:20 broadly 15:16 buck 38:10 budget 8:10,11 8:12,18,20 17:7 64:20 building 26:9 27:2,10 28:9 28:24 44:13 44:24 burden 10:12 46:9 business 85:12 buttons 23:2,4 23:5 bylaws 2:16 71:7,12,13,20 72:4,7 B-a-s-u 5:1 <hr/> C <hr/> C 2:7,10,17 45:18 72:14 cal 31:23 calculate 31:23 calculated 62:11 calendars 71:19 call 2:2 4:22 29:18 36:4 51:12,14 70:2 74:13 81:19 called 10:24 11:1 campaign 71:4 Canada 25:5 capacities 51:3 capacity 31:12 Capitol 3:22 capture 43:24
--	---	--	---	--

Card 22:21 24:2,3 62:7	53:11 62:17 77:2,3	26:21,24 28:20 29:9	25:14,20 26:10 27:2,10	close 42:2
care 15:10,11 15:11 19:17	cases 45:22 49:9	34:5 55:16 56:4,12 57:1	27:15,20 28:8 28:9 29:1	closely 10:11 16:17 41:10
19:22 20:23 39:4,5 52:16	Caswell 73:21	57:7,12 59:22 60:9 61:1,8	35:23 58:3	41:14 42:6,12
52:21,22 53:13,15	cat 35:5,7,10	63:17,19,22 65:18 67:8,17	Chicago's 25:16	clattered 20:18
54:24 55:11 66:19,21,22	catch 78:10	67:22 68:1,3 68:14,20 69:3	chief 31:6 32:24 37:16	coalition 25:21 27:22
75:11	category 80:3	69:6 70:11,16 71:5 72:18	44:6 46:21	code 2:10,10,12 2:13 30:13,17
careful 75:8	cats 35:11 36:2	73:4,12,21 74:4,8,15,20	child 2:12 15:19,23	33:3,12 35:15 57:20
carefully 75:16 75:22	CDC 40:15 43:22 47:5,8	74:23 75:4,10 80:5,21,23	16:14,23	coincide 76:16
Carol 3:13 5:19 53:3,5,22	Center 21:9 22:10 48:21	81:5,10 82:3 82:5 83:3,16	children 64:5,9	collect 13:16
55:4 57:15,16 59:13	centers 19:17 23:8 24:5	83:23 84:6,12 84:20,24 85:8	cholesterol 19:15	collected 41:19 41:20
Carolyn 3:7 4:18 25:19	certain 79:13 certainly 14:13	85:11,14,19	choose 62:23	collecting 19:20
26:14 45:24 78:3,11	14:24 19:1,5 28:7,18 29:1	challenges 46:21	choosing 75:21	collection 13:20
carryover 76:2	29:6 40:8 47:22 48:24	change 40:17 changed 39:7	chopping 64:22	colony 35:10
Carvalho 3:11 5:3,4 7:5,6,13	56:1 65:6,16	changes 2:12 16:21 25:8	Chose 18:22	come 17:7 20:16 23:4
7:16 11:24 12:7,21 13:6	CERTIFICA... 86:1	32:6 33:10 36:12 37:8,9	chosen 70:8	42:7 58:22 67:15
13:11 14:18 15:15 17:20	Certified 86:6	38:1,19 39:15 39:21 50:24	chronic 42:22	comes 9:16 42:15 44:6
20:3 22:15 23:19 24:11	certify 86:8	56:17,19 57:21 58:1,11	chuckle 10:15	65:2
24:15,18,23 25:6 49:21,22	cetera 28:1	58:12	cities 26:4	coming 9:1 81:24
49:23 59:12 60:19,22	chair 4:7 5:6 59:15 68:8,9	changing 28:8 63:7	city 19:3 25:20 27:15,20	command 22:5 comment 12:20
64:18,18 65:20,20	69:16 70:9,20 70:22,24	chart 20:21	civics 9:23	19:8 32:9 34:4,12 36:23
67:13 71:3,15 72:16 75:6,13	73:13 74:11 85:16	charts 20:17	Clair 4:13	37:5 42:18 43:6 56:1,19
75:14 78:17 78:20 79:8,16	chaired 71:7	check 79:8 82:24	clarifies 35:2	57:5 63:11 71:24
79:21 80:15 81:17,21	CHAIRMAN 61:5 72:12	checks 46:2	clarifying 53:12	comments 26:23 33:24
82:13,16 83:6 83:13	Chairperson 3:2 4:1 5:2,12	cheerleading 20:13	cleaned 51:24	36:16,18 38:21 47:19
case 37:8 45:13	6:9,13,16,19 12:17 13:3,10	Chicago 1:8 3:2,2,3,5,6,11	cleanly 41:21 41:21	48:20 63:16 63:24 71:15
	14:13,19,23 18:2,12 20:1	3:16 4:18	clear 50:10 54:22	72:10
	22:14 25:7		clearer 53:18	commerce 33:8
			clearly 17:12 61:15	committee 2:5
			Cleatia 3:17 29:2 58:4	
			71:21 78:5 81:18 82:14	
			83:7 84:14,21	
			Cleatia's 6:15 83:3	

2:8,16,17 4:7 11:18 18:6,13 20:8,11 21:2 21:3,8,13 25:9,12 26:6 29:11,14,19 30:9 32:8 33:17 36:5,15 39:18 41:5 54:7,12 56:24 57:13 58:9 59:4,14 68:9 71:7 72:14,21 72:24 73:7,9 73:13,17,23 73:24 74:14 74:21 75:7,11 77:4	54:8 58:18 71:12,13 82:11 83:6 completely 79:15 completeness 45:5,10 compliance 19:16 compliant 58:22 complication 79:22,24 component 15:19,21 comprehensi... 42:20 computer 24:7 concept 47:5 47:24 50:22 concern 35:14 35:17 concerns 10:21 36:6,13 conclude 56:23 conclusion 40:3 conditions 23:9 31:24 40:5 46:24 CONFEREN... 1:3,6 confidence 69:12 confidentiality 50:14 confirm 59:12 59:19 78:15 confirmation 85:3 conform 40:16 conformance 40:10 confuse 20:22 confusion 36:10	congenital 53:9 connected 16:17 connection 13:18 56:3 Connie 41:9 Conny 3:12 61:10,13 63:17,24 64:2 65:19 67:10 67:19 consensus 7:1 29:10,12 68:4 consider 30:16 56:22 70:22 72:4 73:12 considerably 52:1 consideration 36:7 58:10 considered 13:4 29:21 considering 72:5 consistent 40:8 Constitution 8:24 9:6 Consumer 23:21,23 consumers 51:4 contact 28:7 55:1 84:4,14 contacts 51:17 52:8,11 55:5 55:8 contains 38:23 contents 64:3 context 53:6 continuation 25:1 continue 20:11 24:19 66:14 76:1 77:5 continued 21:2 continuing	48:7 contractor 21:5 21:7 control 2:10,10 22:5 30:13,16 34:11,19 37:6 37:20 38:11 40:7 41:13,16 51:16 52:7 55:8 62:9 64:4,14 controlling 36:1 conversation 19:13 28:19 conversations 66:17 Cook 23:15 coordination 15:11 copy 55:19 corner 6:12 correct 40:12 52:8 54:14 64:11,15 79:20 correction 60:7 73:6 corrections 6:23 25:8 29:10 72:8 correlation 24:10 correlations 24:7,8 corresponde... 21:12 cost 31:19,24 62:4 66:13 costs 31:24 Council 40:13 counsel 86:11 86:15 count 45:21 counties 66:6,8 county 4:13,17	19:3 23:15,16 27:16 66:4 86:4 county-level 65:11,23 couple 9:11 17:8 19:12 22:20,22 28:10 38:21 38:23 50:15 75:16 course 8:3 11:3 41:7,14 COURT 3:19 7:11,14 32:11 49:19 74:5 covered 18:19 27:20 44:2 co-chair 4:6 68:9,10,11,22 69:8 85:16 Co-Chairper... 3:2 co-chairs 21:13 craft 53:4 created 16:4 crisis 64:21 Critical 21:14 criticism 23:21 CSR 3:20,21 CTG 22:11 culminated 76:10 Culp 3:12 6:7,7 6:11,14,18 53:24 54:2,3 54:16 56:6 59:11,11 60:8 60:17 61:7 82:15 cure 62:6 curious 12:18 current 10:10 11:1 31:24 32:1 33:10 currently 5:8
---	--	---	---	--

35:8 63:6 84:8 cycle 65:24 66:1,2,14 Cynthia 63:17	60:17,22 64:1 64:18 65:20 79:23 David 3:2,6,11 3:12 4:6,10 7:5 11:24 18:4 21:19,19 54:3 68:16,18 68:22 69:8 71:15 72:14 74:6,17 75:13 78:12 82:9 83:12 85:16 Davids 75:7 day 39:3 45:9 52:12,18,19 55:6 days 9:2 10:17 10:18 12:3,10 12:13 22:21 22:22 52:19 52:22 76:2,24 80:17 deal 50:3 deaths 64:8 DECEMBER 1:17 decided 58:11 71:11 decision 78:5 deeper 8:17 16:22 defer 11:16 19:7 58:12 60:17 define 41:6 definitely 45:22 46:7,7 definition 41:6 delayed 11:9 22:20,24 delaying 20:19 delete 31:21 deliberations 13:5 deliverables	44:19 demographic 45:11 depart 73:20 department 1:2 3:10 5:4 6:8 10:1,3,12,13 15:8,20,24 16:2,4,12,18 17:12 21:1 24:9 26:12 31:7 40:22 41:11,12 42:5 42:12 44:7 61:19 62:2 65:1 departments 16:12 31:15 46:20 48:16 65:10 department's 17:14 depending 10:8 38:15 deployed 44:21 deputy 34:15 described 11:8 describes 35:1 designer 20:20 desire 70:23 desires 71:23 detail 28:16 50:8 detection 62:6 devastated 65:2 develop 7:23 11:10 48:22 developing 20:10 development 21:6 25:5 DHS 16:8,9 differences 50:19 different 26:11	27:6 39:5 45:9 48:14 difficult 49:1 diminished 67:4 direct 52:22 54:24 64:12 direction 10:4 10:8 17:11 18:1 71:16 86:11 directly 27:11 65:14 director 7:4 21:15 34:15 Director's 1:3 1:6 2:4 disability 35:9 disciplines 48:8 disclose 59:23 60:3 discuss 8:2 discusses 5:10 discussing 19:23 discussion 2:15 15:12,18 17:11 32:14 33:23 37:11 39:17 59:24 discussions 8:17 14:16 27:21 disease 37:6,20 38:11,13 40:5 40:6,7 42:10 42:22,24 43:8 43:12,13 47:21 54:6 56:9 diseases 2:10 5:22 6:4,6 30:13,17 31:17 37:16 37:21,21 38:2 40:20,21,22	41:6,15 53:17 57:10 disparities 14:6 disseminated 14:16 54:18 disseminating 56:8 dissemination 13:15,19 50:4 50:12,13 distributing 21:15 distribution 20:24 DiVincenzo 3:17 6:1,1 division 2:7 5:15,23 6:2 22:15 31:6 32:24,24 Doctor 7:6 document 14:15 34:23 35:4 55:24 64:5 81:13 documents 33:11 dog 35:5,7 dogs 35:24 36:2 doing 20:6 24:9 27:15 34:21 34:22 43:11 46:17 66:13 dose 52:17 58:13,14 dovetail 41:14 downstate 18:24 Dr 3:2,3,4,5,6,7 3:7,8,8,9,9 4:3,8,9,14,16 4:18 6:11 7:18 11:6 12:17,23 13:8 14:11,21 16:19 17:17
--	---	--	---	---

18:9,15,15 23:17 24:6,13 24:17,22,24 25:10,16 26:8 26:16,18,20 26:20,22 27:1 27:14,22 28:4 28:6,16 29:7 29:8 30:22 32:10,12,13 36:16,20,24 37:1 39:19,23 40:19 41:9,10 42:16,17,18 45:3,4 46:3 47:4,14,19,20 47:23 48:18 49:17,20 50:1 51:9 53:24 54:4,4 55:15 56:6,16 59:11 59:15,15,19 61:7 68:13,16 68:18 69:17 69:18,21,21 69:22 70:3,8 70:10,12 73:1 73:19,21 78:11,13,14 78:18 79:1,6 80:10,14,16 80:20,22 81:1 81:9 83:9,22 84:17,22 draft 11:10 50:2 62:15 63:1 Drug 33:14 drugs 5:24 6:2 32:24 Duckler 3:18 ducks 12:12 due 31:12 Duly 43:1 duty 52:17 dynamics 9:1	E	44:7 46:20 emerging 38:7 42:10,13 67:4 employed 65:6 66:20 86:12 86:15 employee 22:17 86:14 enact 58:11 enacted 34:20 35:24 enactment 58:16,18 encephalitis 49:8 encourage 23:24 57:2,8 ended 8:22 ends 33:23 enforce 59:6 enforcement 59:9 engaged 28:15 Enstrom 3:20 86:5,21 entire 43:18 entities 25:21 entitled 26:9 environmental 25:3 47:22 48:2,3 49:11 envision 51:6 EPA 48:5 epidemiologi... 40:14 42:15 equine 49:8 ER 46:3 Ernst 41:10 errors 38:23 especially 35:19 36:12 50:12 established 13:8 establishes 34:17	et 28:1 ethics 82:11,20 83:7 evaluate 45:8 Evans 73:19,22 evenly 76:14 event 47:3 everybody 4:2 5:8 25:14 29:16 78:10 80:8 82:10,12 82:17 84:6,12 85:15 evidence 52:23 evolution 66:18 exactly 29:21 80:21,21 Examination 2:12 example 9:20 10:14,15 38:6 42:7 79:1 exceed 48:9 exceptionally 57:3 Exchange 44:15 excited 22:9 excitement 11:5 excluded 52:12 52:17,21 55:6 exclusive 77:10 excuse 5:14 22:7 58:13 61:22 executive 82:22 exist 20:11 existence 9:16 35:14 expanded 80:1 expect 23:1 63:8 85:4 expectation 13:2 expectations	10:12 expert 43:9 expertise 75:3 expiration 78:22 expire 76:24 80:17 expired 76:1,20 77:16 78:1 80:16 84:11 expiring 77:10 77:14,15 84:8 84:9 explain 53:5 explaining 63:3 explicit 27:11 exploration 28:2 explore 29:6 explored 26:2 exposed 52:16 52:20 exposure 52:13 52:18,19,23 55:8 extended 76:9 extensive 39:21 extra 31:12 53:19 extract 46:15 67:5 extraction 66:18 extremely 75:16 eye 44:23 e-mail 21:22
	F		facilities 24:4 53:15 fact 17:21 27:3 54:5 60:14 Factor 62:5 65:8 faith 56:16	

fall 64:20	56:14	forward 5:10	67:3	77:10,19 78:6
falls 37:23	finished 63:19	7:22 11:7	funds 61:21	79:4 81:14,15
familiar 66:6	Finley 3:13	15:10 17:10	64:12,13	82:7
82:2	5:19,19 53:3	18:22 19:5	65:22 66:12	goals 19:1
Family 59:24	53:8 57:16,16	22:9,11,12	66:12	43:22
60:2,7	first 6:21 9:1	29:1 32:7,8,9	further 86:13	going 5:10 7:8
far 33:20 53:11	11:2 29:19	32:18 34:4	future 42:21	11:15 22:22
farewell 80:9	30:6 39:14	36:23 37:5		28:12 34:11
farms 33:5	45:9,15 49:8	44:18 48:1	G	34:23 43:4
favor 10:6	50:2 51:15	49:15 50:23	Galloway	46:22 48:15
68:24 70:3	52:18 53:23	52:14 55:22	25:16 27:22	49:15 56:12
federal 33:10	54:23 55:10	55:23 56:18	28:6,16	64:21 66:20
federally 19:17	55:10 68:6	58:10 59:5	game 11:10	68:10 76:13
feds 62:3,11	69:11 77:18	60:11 61:2	gap 12:14	76:17 77:22
fee 31:2,22	fit 16:9	69:13 72:1,13	Gelder 21:13	78:6
84:19	five 77:23	forwarded	general 8:13,14	good 4:1,23
feedback 11:13	five-year 66:1	56:22	9:3,4,10,15	6:19 40:18
40:13	fixed 50:17	Forys 3:9 78:2	11:2 51:2	41:22 53:15
feel 36:16	fixes 51:5	four 19:18	64:14 83:10	54:12 61:12
57:11	floor 1:3,6	29:17 78:21	generally 12:8	66:2
feeling 18:10	69:15	79:10	getting 23:21	Google 24:2
fees 2:9 30:7	flowers 22:8	frame 12:19	23:22 46:20	47:8
36:10	flu 47:10	34:20	84:14	gotten 28:9
fell 76:21	focuses 33:9	frames 38:15	giardia 38:9	34:21
felt 38:3,9,10	focusing 13:14	58:10	Girotti 3:9	governed 41:23
53:20	follow 29:22	Franklin 4:16	give 7:5 10:13	government
feral 35:10	30:5 54:17	free 8:2 36:16	18:14 32:21	15:20
fewer 8:13	following 11:4	57:11	37:13 51:19	governmental
field 11:19	52:13 53:8	friendly 23:20	60:15,23 71:8	48:13
48:15 65:10	55:7 59:18	23:24	72:15 80:9	governor 8:18
fielding 23:3	follows 63:2	front 53:14	81:2	governors
figure 49:3,4	follow-up 13:3	63:1	given 14:1	37:18
file 78:8	food 5:23 6:2	FTEs 63:3	36:17	governor's
fill 78:7	25:22 32:24	full 59:8 76:8	gives 33:3	7:22 8:1,11
filled 76:5	33:13 35:7,8	76:23 77:1	64:23	10:5,9 21:14
final 12:13,14	38:24 39:2	fully 59:5	giving 9:23	44:13 50:23
14:11 63:11	foregoing 86:8	function 16:5,5	58:8	77:20 78:7,16
finalizing 50:1	forgetting	16:6 23:11	glance 46:22	78:21 82:22
50:2	79:11	functioning	go 9:21 11:20	grade 2:9 32:19
finally 30:12	forgone 40:3	17:15	30:5 32:17	33:2,4,5,11
financially	form 83:12	fund 8:14	35:19 47:17	58:15
86:16	formal 37:12	28:11	49:16 52:14	grades 59:9
find 24:1,14,16	formalizes	funded 63:4	53:23 54:13	grant 2:14
finds 21:4	34:17	funding 61:20	55:22 56:14	61:11,18,20
fine 78:24	former 55:10	62:10 63:12	65:24 66:2	62:4,10,14
finish 13:2	forth 59:13,16	63:13,14 65:9	70:11 74:3	63:5 65:7

67:18 grants 18:23 graphic 20:20 graphics 20:15 20:21 Great 67:8 Griffy 3:16 5:17,17 34:14 34:14 35:16 groups 40:15 growing 66:13 growth 66:12 guess 27:9,12 47:19 84:7 guests 5:13 guidance 43:20 53:7,9,19,20 71:16 guidelines 40:17	13:18,22 14:2 14:4,5,7 15:6 15:8,9,14,19 15:23 16:1,2 16:10,11,11 16:12,14,18 16:22,23 17:12,14,23 18:22 19:2,6 19:11,17,24 21:9 23:10,11 25:3,19,22 27:12 31:7,9 31:15 34:16 34:18 35:14 35:16 38:4,11 38:16 39:5,10 42:11 43:13 44:12,13,14 44:16 46:11 47:3,21 48:1 48:2,2,3,8,13 48:16 50:17 52:16,20 53:13,15 54:18,24 55:10 56:8 58:2 59:17 60:15 61:13 61:17,17,19 61:22,23 62:16 65:10 65:12,13,15 66:20 67:7 68:12,23 69:16 70:9,21 71:7 75:18 80:12 83:19 84:14	hear 25:24 49:19 52:5 83:21 heard 18:7 25:24 55:1,16 69:2 70:4 hearing 7:2 30:4 34:8 37:4 61:5 62:17,18,20 68:3 70:1 72:12,12 74:23 85:14 hearings 2:11 57:24 58:3,5 58:7,8 85:3 hearken 66:16 hearts 19:14 heavily 43:17 heavy 42:15 held 27:21 Hello 29:16 help 21:5 35:24 helped 53:4 helpfully 42:19 hepatitis 45:17 45:18 Herb 4:9 40:19 48:19 78:4 80:10 Herbert 3:3 he'll 13:2 HHS 25:17 43:23 Hi 4:23 hiding 6:12 high 37:19 38:18 41:8 highlighted 41:5 highlights 23:6 HIPAA 39:10 39:12,13 historical 22:7 HIV 31:16 HIV/AIDS	37:23 hoc 2:16 71:7 hold 62:16 holiday 85:17 home 66:22 homes 2:6 19:23 hope 25:15 42:21 48:11 hopeful 10:21 70:21 hospital 21:15 21:21 22:21 24:2,3 44:6 62:7 hospitals 23:13 43:20 46:23 48:16 53:14 hospital-acq... 23:9 hour 7:7 housed 15:23 16:17 housekeeping 84:21 human 16:4 40:24 48:2 49:9 hundred 45:14 Hutchison 3:5 4:12,12 14:21 14:22 15:1 17:9 18:18 39:19,23,24 40:2,18 47:15 47:15,18 49:6 65:4 66:15 67:21 68:17 69:17	13:17 50:7,16 53:11 identify 5:13 idiosyncratic 50:10 IDPH 15:4 16:8 18:19 26:1 27:11,24 37:17 48:5,9 48:11,24 65:7 72:4 IHA 21:21 II 2:3 III 2:4 Illinois 1:2,5,8 3:10,21,22 5:4 9:6 10:1 15:24 16:3,10 16:17,24 19:4 19:18 21:21 24:2,5 34:18 35:6 40:6,9 50:16 51:9 53:11 59:24 60:2,6,7 61:19 86:3,8 illness 25:7 47:21 illuminate 20:21 immediately 9:8,13,19 immunization 2:13 5:20 44:20 46:1 53:4 57:17 58:9 59:3,14 immunizations 37:6 impact 10:1 17:13 19:5 47:22 implementati... 2:6 10:22 11:16 18:20 19:6 20:8,10
<hr/> H <hr/>				
half 7:7 handful 7:24 8:5 handle 83:19 handler 38:24 39:3 happen 63:9 happened 37:9 76:15 happy 85:17 harder 21:4 Harold 3:18 Hasbrouck 7:7 7:18 11:6 12:23 13:8 14:11 16:19 50:1 59:16,19 head 41:2 42:8 headed 17:24 health 1:1,2 2:12,14,14 3:1,10 4:5,19 5:5,18 6:7,8 10:1,4 13:4	Healthier 26:10 27:2,10 28:9 29:1 healthy 19:14 25:15,16 63:6 63:8,10 65:16 Health's 15:21			
			<hr/> I <hr/>	
			ICC 21:16,18 22:12 ID 84:1,4,13,14 idea 14:12 48:1 identified	

20:11,14,19 20:24 21:5,8 22:3,5 58:12 59:21 implemented 19:2 implementing 44:8 importance 49:10 important 21:1 38:1 43:11 49:2 53:12 65:9 impossibility 10:18 impressive 27:17 improper 79:13 improve 43:23 improved 43:15 improvement 13:15,18 19:2 19:6,24 45:14 65:15 improves 45:20 inappropriate 50:6 Inasmuch 10:17 include 23:6 38:2 included 37:21 38:3 62:10 includes 16:1 33:5 66:5 including 9:10 37:22 incorporated 54:6,13,20 increase 45:18 increasingly 8:23 indicated 78:18	individual 50:11 67:1 individuals 16:16 infected 53:1 infection 53:1 infections 23:10 infectious 40:5 40:6 42:23 47:20 information 18:14 19:21 19:22 22:2 23:13 24:23 28:16 37:19 41:19,22 44:12,15 45:11,12 49:1 54:10 55:19 55:22 56:8 65:11 66:9 67:5,19 72:3 78:8 83:11 information-... 23:24 informed 21:23 74:12 initial 31:4 initially 28:22 initiate 45:12 initiated 25:17 initiative 25:16 26:13 initiatives 25:22 27:24 injuries 62:8 injury 62:9 64:3,3,8,14 input 62:17 67:9 inserted 33:22 39:13 insight 64:24 Inspector 83:10	Institute 28:8 instrumental 22:11 Insurance 39:10 intact 9:5 integral 63:13 integrate 48:7 integrating 48:1,12 integration 47:20 intended 20:17 intense 20:15 interacting 49:3 interaction 26:1,11 40:21 41:1 interactive 48:23 interest 14:6 17:15 36:17 48:12 75:3 77:11 interested 26:1 28:23 31:16 55:24 86:16 interesting 27:16 28:5 75:19 interests 25:1 Internet 11:12 interrupt 54:2 interstate 33:6 33:7 intervention 62:6 64:13 65:14 Intranet 11:12 introduce 4:4 introduced 8:8 82:1 introduces 8:20 investigate 47:2	investigation 45:13 involved 7:9 20:5 27:5 28:9,17,22 involvement 13:21 14:3 15:21 16:23 22:12 25:18 29:5 IOMC 28:18 IPHA 17:22,22 IPLAN 62:8 IRB 50:13 issue 5:7 17:13 25:1 26:5 50:3 issues 19:10 29:24 41:13 49:12 item 5:9 6:21 7:3 11:17 14:19 18:5 29:13 39:10 41:4 43:3 53:13 55:10 55:14 56:5 57:14 61:9 68:5,6 71:6 72:14 75:12 81:15 85:2 items 2:15 50:6 51:15 84:21 85:11 IV 2:5 18:5 IX 2:20	Javette 3:2 70:8 78:3 JEFFERSON 1:4 Jerry 73:1 78:3 81:1 Jo 3:14 job 53:15 Johnson 3:15 5:14,14,15 31:5,5 Jorge 3:9 Judy 3:15 5:21 43:7 44:1 Julie 3:6 4:16 June 79:2
<hr/> K <hr/>				
K 3:16 Karen 3:3 4:21 18:7,9 22:17 73:14 Karen's 25:7 Kate 3:14 6:5 Kauerauf 3:15 5:21,21 43:8 44:1,1 45:8 46:6 47:7 keep 7:20 21:23 22:1 28:11 49:15 keeping 44:23 49:10 keeps 82:18 Kelly 6:5,5 Kelly-Shannon 3:14 Kevin 3:5 4:12 14:22 15:17 18:16,16 39:23 40:1 47:15,17 48:18 65:4 66:15 kids 58:19,20 Kim 81:18,18				

<p>Kimberly 3:16 kind 40:21,24 42:23 47:13 48:6,22 49:9 53:17 58:7 kinds 75:3 knew 78:15 know 6:11,11 10:3 12:3 13:1,11 14:8 15:12,22 19:7 23:1 24:6 27:3,4,5,9 28:5,13 36:18 43:12 44:21 45:24 46:7,24 48:3 60:23 65:21 66:7 75:15,15 77:18 78:5 82:9,24 85:4 knowing 79:6 Kruse 18:15 73:2 78:3 81:1 kudos 23:22</p> <hr/> <p style="text-align: center;">L</p> <p>lab 43:16 44:20 45:10,16,19 46:12 LabCorp 45:16 45:17 laboratories 5:16 31:6,9 laboratory 2:9 30:7 31:2 labs 43:21 Lamb 3:14 5:23,23 32:23 32:23 language 24:8 39:6 52:5 53:5,6 55:5 large 45:13 larger 52:15</p>	<p>late 23:21 launched 18:21 law 9:7 12:8 57:23 75:24 76:3 laws 41:11 lead 76:13 leadership 47:24 leads 35:14 learned 7:9 leave 76:18 83:14 legislation 9:17 9:19 10:23 34:20 legislative 2:19 7:23 8:3,8 50:7 51:7 81:16,22 legislature 8:23 80:1 82:18 lend 13:21 lengthened 38:14 lengthy 29:17 30:14 57:3 lesson 9:23 Leticia 19:8 20:2,3 21:20 letter 60:4 79:3 let's 4:1 6:20 18:5 29:22 30:5 32:17 45:6 79:1 level 23:15,16 25:4,4 37:19 38:18 41:8 44:15 63:12 66:4 levels 45:9 lift 85:6 lifting 42:15 light 15:9 limitations 50:11</p>	<p>line 20:2 26:14 26:17,18,22 51:1 53:14 lines 33:7 link 21:23,24 linkage 41:17 list 28:23 listed 30:7 36:7 LISTSERV 29:3 Litigation 3:21 little 6:17 15:16 20:23 22:8 25:24 50:8 53:19 81:3 live 22:22 living 65:13 local 15:8 16:11,12 31:15 48:16 65:10 location 39:13 lockstep 42:6 long 14:6 longer 30:18 77:1 look 17:10 19:19,22 22:11 23:11 26:6,7 33:19 41:1 47:1,8 47:13 48:10 50:9,18 66:17 66:21,23 69:13 84:7,13 looked 36:20 49:5 looking 19:15 19:19 23:13 23:15 47:4,9 49:11 loose 33:23 Lopez 3:7 4:18 4:18 26:16,18 26:22 27:1 28:4 29:7,8</p>	<p>78:3,11,11,13 78:14 lose 58:21 lost 56:3,7,10 lot 17:6 40:20 40:22 41:17 loud 52:5</p> <hr/> <p style="text-align: center;">M</p> <p>machine 84:1,3 Madam 5:6 mailing 28:23 main 68:8 mainstay 43:12 43:14 major 17:13 22:23 majority 9:7,13 9:19,21 making 24:19 maltreatment 64:4,8 manage 34:23 manageable 10:13 management 8:17 46:15 managing 35:10 mantra 31:8 mapping 23:11 March 77:2 marijuana 10:2 11:23 Mary 22:15,18 23:2 24:6,12 24:13,15 match 29:21 maternal 15:19 15:23 16:14 16:23 maternal-child 15:6,14 Matt 6:3 37:15 44:2 54:14 Matthew 3:13</p>	<p>ma'am 83:23 McCurdy 3:2 4:6,6 11:22 12:1,2,16 21:19 29:14 29:16 30:4,21 30:24 32:3,14 32:17 33:16 34:3,6,8 35:12 36:3,21 37:1,4 38:20 39:19,20,23 40:1 42:17 43:1 45:2 47:17 49:14 51:11,13,21 51:23 52:2,6 52:9 53:22,24 54:1,4,21 55:9,13 56:11 56:13,15,22 57:6,9 60:12 60:13,20 61:4 63:16 64:1,1 64:17 67:12 67:24 68:16 68:19,22 69:8 69:10,11,19 69:22 70:1,5 70:7,15 72:17 73:3,19 75:2 79:11,18 82:4 85:1,7,18 MCH 15:5 meal 39:8 mean 12:3,4 27:14 30:6 36:13 47:7 49:2 57:10 meaningful 19:22 20:17 43:22 44:18 44:24 67:6 meant 30:24 measles 58:13 measures 37:20</p>
--	--	---	--	---

mechanics 10:22	56:2 57:2 58:2 62:23	mine 47:1	18:22 19:4	67:14
mechanism 45:4	69:7,12 70:21 71:11,17,22	minor 33:19	22:9,12 25:17	neither 86:11
media 47:5,6	72:9,21,22	minute 82:7	44:18 48:1	Network 21:15
medical 2:6	74:17 76:11	minutes 25:9 39:1 75:8	81:12	neutral 10:7
10:2 11:23	76:12,23 77:1	mishear 55:3	Mt 58:4	never 34:21 75:19
19:16,19,22	77:5,6 82:19	missed 64:6	multiple 17:14 49:3	new 9:3,15 21:6 34:24
46:15,17	83:24	missing 79:15	mumps 58:14	42:9,10 45:6
66:19,22	membership 2:17 72:14 85:1	MMR 52:17	mute 26:19	52:4 53:6
medicine 28:8 36:17	memberships 5:7,10 75:11	modified 11:12	myriad 48:16	55:1 58:23
meet 9:14	mention 14:14 27:1 31:21	modifies 8:24	<hr/> N <hr/>	76:11 77:6
10:17 12:3	39:14 44:5	Mohammed 3:8 83:9	N 2:1	81:6 83:24
15:13 43:22	50:6 64:3	Molly 3:14 5:23 32:23	name 24:3,5 25:15 41:9	84:3,5,15
71:10 72:5	mentioned 24:4 36:11 39:15	moment 50:8 51:19 78:12	68:15	news 66:3
meeting 1:15	41:15 49:24	moments 7:9	names 77:17,21 78:9	newsletter 29:4
2:3,18 5:9,11	mentions 31:19	money 62:8	national 25:4 40:10 48:21	newsletters 28:24
6:22 7:21	met 58:9	Monica 3:4 4:14	65:16	newspaper 62:20
9:16 11:8	method 31:19 31:22 32:1	monkeypox 42:8	nationally 53:10	newspapers 64:24
20:4 21:24	methodology 31:11 45:7 47:6	month 43:5	nationwide 40:6	nice 25:5 30:22
29:20 30:9	methods 31:11	months 17:8 75:17 77:23	Natural 48:5	night 37:9
32:4 33:18	Michael 21:13 60:5	78:21 79:10	nature 15:11	Nile 49:8
36:5,11 38:22	MICHIGAN 1:7	Moody 3:12 61:10,12,13	nay 69:4 70:5	nine 10:5
38:22 39:1,21	Midwest 3:21	63:18,21	nebulous 50:8	node 44:13
43:3,5 51:15	Mid-America 21:9 22:10	64:10 67:11	necessarily 47:12	nominate 68:21 69:17
54:7,19 55:18	mid-January 21:12	morning 4:1,24	need 17:18 28:11 48:7,23	69:17
59:3 69:9	mile 53:19	move 6:24 7:2 15:10 18:5	50:24 59:23	nominates 68:18
71:13,14,20	military 22:6	29:9 32:6,8	64:11 67:13	nomination 70:2,3
71:24 72:7	milk 2:9,9 32:20,20 33:3	34:3,8 36:22	67:18 71:19	nominations 68:11 69:15 69:23
76:21,22 77:3	33:3,6,7,12	37:5 50:23	72:16,19,21	normal 8:15
77:9 78:24	33:12,14	56:18 57:14	73:2,8,23	normally 31:16
81:13 82:20	million 62:3,13	58:10 59:5	78:9 79:4	Notary 86:7
85:21	mind 49:15	60:11 61:2	81:14 83:24	note 62:1 63:5 64:19 65:7 75:6
meetings 74:12 75:19 77:4		67:21 70:22	84:18	noticed 38:7
Meister 3:18		71:2,5,24	needed 38:3 53:21 56:17	
member 70:12 73:1,8,22,24 74:24 81:6		72:6,13 75:12	60:24	
members 3:1 17:21 21:16		moved 7:22 68:21 69:19	needing 78:15	
21:18 27:12		moving 11:6	needs 15:13	
28:23 31:1				
34:1 35:3				
36:15 39:17				

notification 58:21	7:22 8:1,11 8:17 10:5,9	28:18 39:17 44:23 69:15	74:4,8,15,20 74:23 75:4,10	42:20
notified 58:19	21:14 28:7	Opens 82:20	78:3 79:1	owners 35:7
November	31:7 34:16	operation 22:6	80:5,21,23	<hr/> P <hr/>
29:20 37:11	44:12,13	opportunities	81:5,9,10	pack 35:23
58:9 76:20	50:23 61:13	14:3 44:22	82:3,5 83:3	page 38:22,23
78:2 79:3	61:22,22,23	67:5	83:16,22,23	38:24 39:2,9
80:16,17	82:22 83:10	opportunity	84:6,12,17,20	51:16,21
number 11:9	officers 2:16	19:13 71:10	84:23,24 85:8	pages 36:5
16:13 18:5	68:7,8	71:14 81:2	85:11,14,19	paper 17:22
33:18 41:18	offices 66:21	opposed 10:6	organizations	45:15,19
53:13 57:14	officially 70:18	69:3,4 70:5	31:16	paragraph
68:5 71:6	85:20	opposing 8:7	orientation	52:15 53:20
81:15	offline 24:19	opposition 25:9	31:4	53:23
numbers 45:18	78:4	optometrist	original 8:15	parents 58:20
80:2	Oh 14:23 51:22	80:3,4	84:18	parking 84:17
nurse 22:16	72:16	order 2:2 28:11	Orris 3:5 4:8,8	84:19
<hr/> O <hr/>	okay 5:9,11	29:20,22 30:5	17:17,17	part 2:13,13
obesity 66:24	6:13,18 7:16	76:7 84:18	23:17,17 24:6	8:5 35:20
objection 7:2	14:19 18:12	Ordinance	24:13,17,22	40:6 42:9
29:23 30:20	26:14 29:13	33:15	24:24 25:10	51:20 52:10
30:21 32:15	29:16 30:21	Orgain 3:2 4:1	25:13 27:14	52:14 58:21
67:24	30:24 33:16	4:3 5:2,12 6:9	30:22 32:10	59:23 70:23
objections 7:2	36:3,21 38:20	6:11,13,16,19	32:12,13	83:17
34:5,6 37:2	52:2 54:21	12:17,17 13:3	36:24 37:1	participate
56:20 60:10	55:11,13	13:10 14:13	42:17,18 45:3	62:24
61:2 67:23	56:12,15 60:8	14:19,21,23	45:4 46:3	participated
68:1 72:8,9	61:9 68:4	18:2,9,12	47:4,14,19	14:9
72:13 74:17	73:15 75:14	20:1 22:14	49:17,20,20	participation
85:20	78:10 79:10	25:7 26:8,20	51:9 68:13,16	27:11 82:23
objectives 63:3	81:10 82:3	26:20,21,24	68:18,18	particular 9:2
obligations	83:13,15,21	28:20 29:9	70:12 78:4,18	28:3 43:16
82:19	84:16,20,24	34:5 54:4	79:6	65:7
observing	85:7	55:15,16 56:4	outbreak 42:8	particularly
42:10	old 3:22 9:4	56:6,12,16	42:9	15:9 18:24
obstacles 45:6	26:13,15 84:4	57:1,7,12	outcome 86:16	19:17 57:9
obviously 14:1	once 23:4 48:10	59:11,22 60:9	outreach 21:19	parties 86:12
66:5	ones 45:1	61:1,5,7,8	overall 45:21	86:15
occur 58:17	one-week 9:18	63:17,19,22	overpopulati...	partner 59:20
occurred 58:1	ongoing 21:7	65:18 67:8,17	36:1	partnerships
75:20	45:4 48:12	67:22 68:1,3	oversample	13:24
occurring 42:5	76:12	68:14,20 69:3	66:10	pass 11:3 17:7
October 58:1	online 63:2,7	69:6,17 70:3	oversight 20:14	65:2
offer 31:23	onset 52:13	70:8,10,11,16	overtaxed	passed 75:23
office 5:18 6:7	55:7	71:5 72:12,18	46:10	pasteurized
	open 27:10	73:4,12,21	overwhelming	32:20 33:2,11

33:14	76:3 78:1	22:4 28:1	Portability	priorities 13:23
Pat 3:7 4:23 5:1	80:24	48:11 50:1	39:10	priority 13:13
21:14 78:2	perspective	62:15 63:1	position 10:10	13:20 14:4,5
79:1 81:2	38:4,11,12	65:15 72:4	30:12 50:20	probably 10:3
pathogen 38:7	83:17	planned 7:18	possible 61:15	13:20 17:21
38:15 42:13	pertain 50:10	22:22	possibly 14:16	22:17,23 24:1
patient 2:7	pertussis 52:3	planning 61:24	post-exposure	24:12,18
22:16 39:6,8	Peter 3:5 4:8	plants 33:6	52:24	28:13 40:2
46:23 52:22	5:7 17:17	play 20:12	practice 48:14	66:22 70:16
54:24 67:2	23:17 25:13	playing 47:5	practices 19:16	79:1
patients 46:10	26:8 27:8	Plaza 3:22	65:12	problem 51:10
patient-cente...	28:21 32:13	please 4:15	practitioners	problems 50:16
16:5	36:24 49:20	26:24 34:13	16:11	84:1
pausing 13:6	68:18 70:11	40:1 52:6	preliminary	procedural
people 19:13	78:3	74:9 78:4	8:9	33:3 60:12
27:7 28:5	pets 35:18	84:3,6,13,17	prepare 8:18	procedure
30:2,15 35:9	Phelan 3:3 4:21	pleasure 70:19	presence 45:10	35:21
47:9 57:11	22:17 73:14	point 17:19	present 8:11	procedures
63:6,8,10	phone 4:15	28:3 39:11,16	46:24 62:15	13:14 35:6
65:16 72:17	18:8,10	42:21 54:5	69:7 71:17	49:21
82:21	photo 83:24	56:10 65:21	presentation	proceed 32:18
people's 29:24	84:1,5	71:21 80:10	61:16 62:23	proceedings
percent 45:14	physician 46:4	82:12	presentations	86:9,13
45:18	physicians 46:9	pointed 54:5	25:24	process 8:1,3
perform 42:14	60:1,3,6,7	pointing 64:11	presented	8:14,16 12:10
performing	66:21	points 20:5	21:20,21	12:24 21:6
38:12	physician's	54:13	presents 46:23	62:14 63:7
perinatal 62:7	67:1	policy 2:5	president 60:2	76:10 83:16
period 9:14,18	physician-re...	11:17 18:6,13	60:5	processes 13:19
12:14 56:1	46:5	19:10 25:9,11	pressure 19:15	58:17
76:13	picture 84:3	26:5 29:11	presume 12:5	products 2:9
periodically	pictures 84:2	43:20 61:23	37:12 82:11	32:20 33:3,7
40:13	piece 11:23	72:20 73:3,5	pretty 32:2	33:12
peripherally	69:10	73:7,9	44:2	Professional
27:5	pile 82:19	poll 71:21	preventable	86:6
permission	place 12:12,14	populated	53:17	program 5:20
60:15,24 61:3	12:15 22:1	46:14	prevention	16:8,16 19:14
person 24:13	27:3	population	64:14 65:17	27:2 28:11,16
24:15	plan 11:9,10,14	2:10 15:14	66:23,23	28:17 33:5
personal 24:23	12:18,22	16:14 34:11	preventive 2:14	34:19,23 35:2
personnel	14:12 15:2,4	34:19 35:17	25:22 61:17	35:3,5,11
18:19 54:24	15:17 17:4,5	36:2 40:23,24	primarily	48:23 62:6,7
55:11	18:20 19:2,6	44:16 67:7	35:17 72:24	62:8,10,12
persons 53:1	20:10,14,15	population-b...	primary 66:21	64:4,14
55:23,23	20:20,24 21:6	16:6,15 19:24	prior 54:18	programs 15:5
65:13 75:24	21:16,19,22	67:6	76:3	16:21,24

31:10 49:4 61:21 62:4 63:4,14 65:1 progress 20:14 project 62:7 promoting 43:17 promotion 61:13,23 proper 48:9 properly 64:16 proposals 59:13 propose 12:11 36:22 51:5 proposed 52:4 protection 5:18 6:8 31:7 34:16 48:8 50:13 53:16 61:22 protections 51:6 provide 7:8 19:21 31:3,9 31:10,13,14 43:20 provided 12:23 61:20 67:19 provides 35:5 37:19 providing 71:15 provision 8:24 10:14,16 12:4 12:7,9 35:9 provisions 10:19 public 1:2 2:11 3:10 5:5 6:8 10:1 11:11 15:8,8,20,20 15:24 16:2,10 16:11,18,22 17:23 21:9,17 23:10,11,19	24:21 25:3 30:23 31:1,9 32:9 34:4,18 35:3,13,16 36:23 37:5 38:3,11,16 42:11 43:13 44:13 46:11 47:3 48:8,13 56:19 57:4,24 58:3 61:17,19 62:16,18,18 62:23 86:7 publication 20:19 public-private 13:24 25:21 published 71:23 publishing 62:19 purposes 4:4 38:5 40:3 55:21 79:16 pursuing 26:4 push 58:24 pushed 23:5 pushes 23:5 pushing 23:2 43:17 put 59:13 85:6 putting 23:22 59:7 P.M 1:18 85:21 <hr/> Q qualified 19:17 quality 2:7 13:16,19 22:16 43:15 43:23 45:23 46:1,16 50:3 question 11:22 13:3 14:22 17:2 25:2 27:19 28:2	49:20 60:12 64:2 74:8,9 74:10 78:13 questions 11:20 18:3 23:4 27:4,7 36:9 43:3,10 57:11 62:22 63:24 65:19 66:23 quicker 43:14 quickly 38:16 quite 19:23 27:12,15,21 29:17 42:20 43:15 quorum 5:2,3 30:10,11 <hr/> R rabies 35:19,20 raise 26:5 raised 5:7 14:12 raising 25:23 26:10 28:2,11 29:6 80:2 ran 75:17 ranges 58:15 rash 52:13,20 55:7 read 52:4 64:24 75:18,20 76:18 77:17 77:21 78:9 ready 20:24 56:5 realized 77:13 reallocated 64:13 really 19:9,21 33:9 42:14 49:2 53:12 75:19 reapplication 78:8	reapply 78:6 reappoint 72:17,22 reappointed 77:18 85:3 reappointment 77:4,11,21 78:15 reappointme... 82:6 Reappointme... 2:17 reason 79:3 reasons 28:10 38:5 41:18 71:18 recall 13:16,24 22:4 50:15 56:15 75:23 79:9 82:18 receipt 72:6 84:17,18 receive 29:12 40:13 52:16 65:12 received 10:8 50:22 62:2 receiver 44:14 receiving 28:24 29:3 35:8 recognition 59:17 recognizing 40:4 recommend 7:1 recommenda... 60:11 61:3 recommenda... 55:17 58:23 recommended 32:6 39:7 reconcile 50:19 record 40:3 42:19 54:11 62:20 65:5	records 19:19 66:19 82:14 82:24 reduce 35:17 reduced 86:10 reelected 69:7 reelecting 85:15 reemergence 53:9 reemerging 53:18 reemphasize 47:19 refer 33:17 39:7 reference 33:11 38:24 39:9 54:5 referenced 44:9 referred 55:10 refers 39:2 reflect 64:15 reflected 17:1,3 17:5,6 reflects 8:12 regard 45:10 51:18 56:9 85:5 regarding 11:8 15:1 22:2 39:18 51:16 regards 26:11 60:1 61:10 72:3 83:18 84:14 region 19:3 23:12,14,14 25:17 Registered 86:5 regrettably 8:6 regulation 33:4 reimbursed 84:19
--	---	--	--	--

reintegrated 15:7	Reporter 3:19 7:11,14 32:11	72:23 80:8 82:6	75:2 79:11,18 82:4 85:1,7 85:18	14:10 20:12 41:15 60:14
reintroduced 11:4	49:19 74:5 86:1,6,6	resigned 73:22 80:24	revealing 17:11	room 1:3,6 10:7 81:18 83:4
reiterate 35:13	reporting 41:1 42:23 43:2,4	resigning 80:9 80:10	revenue 8:14	Rothstein 21:10
relate 11:15	43:9,16,21 44:20 45:5,6	Resources 48:5	revenues 8:13	round 38:2
related 13:12 13:24 14:5 43:4 57:21 85:2 86:11	45:16,17,20 45:21 46:13 46:18 49:7	respect 23:7,9	review 12:20 71:14	row 12:12
relating 10:2	reports 20:3 23:21,23	response 11:13 32:16 34:2,7 37:3 68:2 69:5,24 70:6 72:11 73:11 74:22 85:13	reviewed 39:3 51:17	RPR 3:20
relationship 42:1	repository 44:16	responsibility 16:8 83:18	reviewing 12:24	rubella 51:22 52:16,23 53:1 53:10 58:14
relative 15:4 86:14	representation 14:2	rest 27:23	revision 33:9	rubric 16:7
relevant 9:17	representatio... 48:4	result 45:11	revisions 38:2 71:13	rule 12:9,11,13 12:14 13:9 30:3,7,14 31:4,14,18 32:20 33:20 33:22 34:10 34:10,17 37:7 37:10,18,21 38:19 39:2,18 43:18 48:6 49:9 51:22 55:23 57:3 58:11,12 72:19
remain 12:10 28:17 77:7	representativ... 48:4	retired 28:6	re-appointm... 76:12	rulebooks 59:8
remaining 33:23	representing 17:23	retiring 28:6	re-identify 24:20	rulemaking 12:5,8
remains 9:5,24	request 82:9 83:10	Rev 3:2 4:6 11:22 12:1,16 29:14,16 30:4 30:21,24 32:3 32:14,17 33:16 34:3,6 34:8 35:12 36:3,21 37:1 37:4 38:20 39:20 40:1 42:17 43:1 45:2 47:17 49:14 51:11 51:21,23 52:2 52:6,9 53:22 54:1,21 55:9 55:13 56:11 56:13,15,22 57:6,9 60:12 60:20 61:4 63:16 64:1,17 67:12,24 68:21 69:8,9 69:11,19,22 70:1,5,7,15 72:17 73:3,19	right 6:14,16 6:19 12:24 20:16 25:15 44:21,23 46:19 49:6 54:15 55:12 55:20 57:12 60:16 63:22 64:10 67:22 68:5 72:18,18 79:18 80:5 82:3 85:8	rules 2:8 4:7 10:17 11:23 13:7 29:14,17 29:19,21 30:9 30:10 32:8 33:17 34:18 34:22,22,24 34:24 35:19 36:4,15 39:17 40:9,16 41:5 41:23 44:4 49:10 54:7,12 56:9,23 57:4 57:23 72:20 72:24 73:17
remarks 2:4 7:8,20	request 82:9 83:10	retired 28:6	re-identify 24:20	
remember 79:7 84:18	requested 83:11	retiring 28:6	right 6:14,16 6:19 12:24 20:16 25:15 44:21,23 46:19 49:6 54:15 55:12 55:20 57:12 60:16 63:22 64:10 67:22 68:5 72:18,18 79:18 80:5 82:3 85:8	
removed 38:9	require 57:23 74:2	Rev 3:2 4:6 11:22 12:1,16 29:14,16 30:4 30:21,24 32:3 32:14,17 33:16 34:3,6 34:8 35:12 36:3,21 37:1 37:4 38:20 39:20 40:1 42:17 43:1 45:2 47:17 49:14 51:11 51:21,23 52:2 52:6,9 53:22 54:1,21 55:9 55:13 56:11 56:13,15,22 57:6,9 60:12 60:20 61:4 63:16 64:1,17 67:12,24 68:21 69:8,9 69:11,19,22 70:1,5,7,15 72:17 73:3,19	re-identify 24:20	
removing 38:5	required 9:12 45:12 62:21 74:11	rest 27:23	revisions 38:2 71:13	
renominate 68:13	requirement 59:7,10	result 45:11	re-appointm... 76:12	
repeat 74:9	requirements 35:2 40:16 43:22 57:22 57:22 58:23	retired 28:6	re-identify 24:20	
replacement 80:11	requires 10:16 62:15	retiring 28:6	right 6:14,16 6:19 12:24 20:16 25:15 44:21,23 46:19 49:6 54:15 55:12 55:20 57:12 60:16 63:22 64:10 67:22 68:5 72:18,18 79:18 80:5 82:3 85:8	
replaces 55:9	researchers 50:13,21	result 45:11	revisions 38:2 71:13	
report 2:5,8 7:5 11:17 18:6,15 18:17 22:18 22:21 24:2,3 29:11,15 46:11 51:18 56:23 57:17 59:2 61:10 62:7 63:20 82:21 83:1	residents 35:6	retired 28:6	re-identify 24:20	
reportable 40:5	resignation 73:1,8	retiring 28:6	right 6:14,16 6:19 12:24 20:16 25:15 44:21,23 46:19 49:6 54:15 55:12 55:20 57:12 60:16 63:22 64:10 67:22 68:5 72:18,18 79:18 80:5 82:3 85:8	
reported 38:16 41:20,21	resignations	rest 27:23	revisions 38:2 71:13	

73:23,24 74:21 rule's 12:15 rush 71:12	seconded 32:11 56:19 68:21 69:20 secondly 84:16 seconds 37:1 section 36:13 39:5 51:16,21 53:4 54:6 57:17,20 64:4 sectors 17:14 secure 51:7 security 35:8 see 6:9,14 32:5 33:18 39:20 46:12 47:2,13 48:12 50:19 63:1 64:3,6,7 79:11 81:20 seek 77:20 seeking 50:9 seen 16:9 Senate 75:23 send 21:22 29:2 84:3,4 sent 37:10 sentence 39:3,4 separately 62:11 September 6:22 7:21 71:11 78:23 serve 70:14,24 76:1 77:5 served 10:3 70:20 76:3 80:9 service 2:9 30:7 80:12 85:15 services 2:14 3:21 15:6,13 16:4 31:2 48:13 61:18 serving 69:13 74:21 session 7:24 8:3 8:8,22 9:1,12	11:1,6 81:23 82:1 set 31:18 34:24 34:24 38:19 42:14 57:11 79:14 sets 44:7 setting 37:22 set-aside 62:9 62:12 seven 52:12,19 55:7 seventh 52:18 seven-year 66:2 sexual 62:12 shan't 31:1 share 15:4 22:2 50:20 shared 11:11 11:11,12 20:5 SHIP 2:6 11:16 20:8,10 21:16 21:18 shipments 33:6 short 14:8 shortened 38:14 shorter 30:18 Shorthand 86:6 show 40:23,24 67:14 74:11 sic 48:3 sick 22:18 sickness 22:20 side 6:15 signed 10:19 59:14 significant 57:10 66:9 significantly 45:20 simple 9:7,18 9:20 site 23:22 78:7	sites 23:24 situation 76:19 skip 34:11 smaller 23:15 66:8 smoking 66:24 social 35:8 47:4 47:6 somebody 4:22 24:9 31:3 32:21 34:12 37:13 soon 20:22 sorry 6:10 7:11 8:20 12:1 14:23 32:7 54:2 73:4 78:14 81:17 sort 22:6 Sounds 49:14 source 47:11 SOUTH 1:7 sp 21:20 space 51:8 speak 7:11 24:13,15 41:24 43:9 45:24 56:7 61:14 speaking 43:2 75:15 speaks 43:19 specific 17:2 24:12 27:4,7 27:13 41:3,4 43:10 51:15 58:15 specifically 27:22 50:2 57:18 specifics 50:24 speed 43:23 sponsor 10:11 10:20 spot 76:2 spring 7:23	8:21 51:2 63:9 64:20 Springfield 1:5 3:4,5,12,13 3:13,14,14,15 3:15,16,17,17 3:18,18,22 4:11 20:4 30:1,16 31:3 32:22 34:12 37:13 58:4 62:19 74:3,12 ss 86:3 St 4:12 staff 3:10 21:4 25:12 26:7 29:24 30:15 43:6 51:17,18 62:21 85:17 staffs 53:16 stage 20:9 stages 8:9 staggered 76:8 76:14 79:13 79:19 stamps 35:8 standards 40:11 66:19 stand-even 8:12 start 4:2 22:1 31:8 41:2 started 17:3 state 1:1 3:1,22 4:5 8:19,19 8:19 10:4 13:4,17,21 14:2,3,7 15:19,23 16:20 17:12 17:14,16 18:22 19:2,4 19:6,11,13 22:3 25:4 26:4 27:11,23 28:14 40:14
---	--	--	--	---

41:8 43:18	72:3	48:22	synergisms	78:1 79:12,14
44:9 54:18	strategies 65:6	support 21:2,3	26:2 27:24	80:7 82:5
56:8 59:5,16	65:15 66:24	21:4 22:12	syphilis 31:17	Terrific 7:16
59:18 60:15	strategy 58:21	62:4 65:6,23	system 19:20	25:6 78:17
61:21 62:16	65:17	75:7	40:7 43:8	Territorial
62:20 65:15	STREET 1:4	supported 59:4	44:8,10 62:5	40:14
68:12,22	strong 42:4	supporting 8:6	65:8	territories
69:16 70:9,20	subcommittee	17:19	systems 46:13	61:21
71:6 75:18	71:20 72:9	suppose 42:19	47:7	test 31:14,19,22
80:12 83:18	subject 64:6	supposed 79:19		31:23
84:13 86:3,7	submissions	sure 14:18	T	testified 10:6
statement	8:15	15:15 18:7	take 9:7,13	testimony 60:1
17:18 40:4	submitting	24:20 29:3	46:10,11	testing 31:9
53:13	77:11	36:21 37:15	56:16 68:24	tests 31:13
states 66:3	substantive	41:3 42:3	71:14 84:7,13	text 64:5
statewide 44:15	32:5	45:8 52:6,7	taken 16:19	thank 6:16
state's 15:24	substitute	53:18 54:22	20:23 21:11	7:16 12:16
19:20	31:22	55:2 63:5	86:9,13	14:17 17:9
state-level 66:5	successor 76:4	85:10	takes 9:19	18:4,12 20:1
statistically	suggest 30:14	surgical 23:8	75:10	22:14 24:17
66:9	55:21	24:4	talk 70:24	26:8,10,24
statistics 50:17	suggested	surgicenters	talked 15:6	29:6,7,8 32:3
61:24 66:7	25:11 39:22	24:5	talking 24:19	33:16 36:3
status 82:10	56:16	surveillance	tapped 47:12	38:20 40:18
statute 76:9	suggestion 28:3	31:10,11	targeted 18:24	42:16 45:2
79:12	39:12	37:19 38:4,12	19:18	47:14 49:13
statutes 50:9	suggestions	40:7 41:20	Tdap 59:6,10	49:14 51:11
50:18	33:19,21 54:7	42:3,14 43:12	technical 24:7	53:22 54:21
statute's 20:13	54:11 73:14	43:13 44:3,5	Technology	57:13 60:8
statutory 20:12	suggests 52:23	44:8,10,19	44:12	61:7 63:15,21
stayed 10:7	suicide 64:8	47:6 48:14	telephone 3:3,4	63:22 64:10
STDs 37:23	summarizes	62:5 65:8	3:6,7,7,12	64:17 65:18
step 46:11	32:2	survey 66:5	tell 5:8 33:20	67:8,10,11
stepped 82:15	summary 2:3	surveys 65:24	81:3	68:4 69:11,22
steps 21:11	2:11 6:22	66:6,7,13	template 26:3	70:15 71:1,15
sterilization	29:20 30:9	Susan 3:18	27:16	71:16 72:13
35:6,21	32:4,21 33:2	susceptible	Temporal 60:5	74:24 75:5
sterilized 35:11	33:18 36:5,11	52:11,15,20	ten 70:19	80:5,8,13,14
Steve 3:17 6:1	38:22,23 39:1	54:24 55:5	term 60:16	80:18,22
stop 11:19	39:21 43:3	suspicious 46:4	69:14 78:22	81:10 82:4
strategic 11:9	51:15 55:18	symptoms	80:16,17	83:20 85:8,15
11:14 12:18	71:8 72:7	47:10	terms 4:4 15:7	85:16,18
15:1,4,17	summer 58:18	syndrome	29:24 47:20	thanks 58:2
17:4,5,11	64:20	53:10	63:2 76:1,5,8	65:17 67:12
18:20 28:1	super 16:1	syndromic 44:5	76:16,20,24	theme 49:15
48:11 49:24	Supercompu...	44:19 47:6	77:9,13,16	thereto 86:15

thing 20:18 28:5 30:8 43:11 64:19 83:22	1:17 tie 42:2 tight 42:4 tighten 43:19	transformati... 18:23 transitioning 15:9	unexpectedly 7:19 unfortunate 79:17 Unfortunately 54:8 UNIDENTIF... 7:15 30:2,19 30:20 56:21 unintentional 64:7 union 8:19 University 51:9 unwanted 35:18,18 upcoming 84:15 update 2:19 22:21,23 33:9 58:8 81:16,23 82:10 updated 40:9 updates 15:3 uploaded 12:19 upper 19:3 use 16:15 23:14 43:22 44:19 45:1 49:4 63:6 79:1 user 23:20,23 usual 68:7 usually 31:12 utilized 47:9 utilizing 44:22	53:16 valid 65:11 valuable 44:16 varicella 58:15 variety 25:22 48:13 various 22:2 41:1 48:8 Vega 3:8 18:15 78:4 vehicle 77:11 vendor 20:20 23:5 Vernon 58:4 versa 42:6 version 33:19 54:23 55:1 versions 33:10 33:12,13 veterinarian 41:9,10 veterinary 36:17 veto 8:22 9:12 10:24 11:6 81:23 VI 2:11 57:14 vice 42:5 Victor 3:9 78:2 videoconfere... 56:3 viewed 16:5 VII 2:15 68:5 71:6 VIII 2:19 81:15 volunteer 21:3 74:16 volunteering 74:14 75:1 volunteers 73:9 73:10 74:1 vote 34:1 56:14 69:12 70:2 voted 56:11 59:4 voting 59:8
things 11:9,15 13:13 15:11 17:7,24 18:18 18:21 19:9 20:22 21:4 37:22 41:2,7 49:24 59:22 67:1	till 11:16 22:24 54:8 Tim 78:4 time 7:4 10:19 12:19 15:18 16:7 19:24 23:12 25:2 34:20 38:15 40:12,17 46:11 49:5 50:18 53:2 54:9 55:21 58:10 65:12 65:12,22,22 68:7 73:15 77:12 timeline 11:7,7 12:12 51:2 timeliness 45:21 timely 46:16 times 42:13 Timothy 3:8 today 22:19 75:16 today's 54:19 Tom 5:14 top 42:8 topic 17:22,24 25:11 top-down 22:5 toxic 42:22 toxicology 42:22 track 22:2 training 21:9 82:11,20,20 83:7 transcript 76:18 79:17 transcripts 75:18,21	transpired 9:11 Travel 67:10 trays 39:7 treating 46:9 treatment 23:8 24:5 triggered 35:22 try 43:19 50:10 61:14 tuberculosis 37:22 turn 29:14 47:2 56:13 69:9 75:13 two 13:13 26:13,15 49:24 52:4 59:22 75:7 type 48:23 typewriting 86:10	<hr/> U <hr/> UIC 21:9 unable 7:19 22:18 unanimous 69:6 unavailable 7:4 unchanged 63:12 underneath 52:11 underreporti... 46:8 understand 27:7,13 46:8 47:5 71:18 understanding 40:9 understood 27:8	<hr/> V <hr/> V 2:8 25:17 vacancies 77:6 vaccinated 52:21 vaccinating 52:24 vaccination 35:20 52:24 53:2 57:22 vaccine 52:17
think 9:4 17:4 17:10,12,15 17:20,24 19:5 19:21 25:14 26:4 27:8 28:4 30:2,14 36:13 39:16 40:2,4,8 44:2 47:23 48:6,7 49:6,9 50:5 53:12,19 54:4 55:16 56:4 65:5 66:16 67:14,14,15 75:15 77:12 81:22 84:22				
third 75:8 79:19,19,20 thought 7:7 27:17 55:1 76:13,17 thousand 22:7 thousands 8:7 three 30:10 44:18,24 51:14 57:24 58:5 63:13 78:21 79:10 three-fifths 9:12 three-year 65:24 66:14 throw 39:16 THURSDAY				

<p>W</p> <p>Wait 77:22</p> <p>want 25:19 26:5 31:3 32:21 34:12 37:13 38:21 43:6 45:24 50:18 51:12 51:14 53:5,23 54:10,20 55:2 55:14 57:12 58:1,12,24 59:2 60:3 80:7,8 81:2 85:14</p> <p>wanted 19:8 27:1,9 28:15 53:18 54:22 57:17 78:14</p> <p>Washington 64:21 65:3</p> <p>wasn't 54:9</p> <p>watch 51:7</p> <p>way 9:2 16:21 24:1 43:2 44:17 50:12 50:19 76:5,15 79:6,13,14,14</p> <p>ways 49:3</p> <p>weathered 58:5</p> <p>website 21:17 21:23 22:1 23:20 77:10 77:19,20 78:7 78:16,21 79:4 79:7</p> <p>week 9:20 11:2 19:12 22:24 22:24</p> <p>weeks 9:11 77:3</p> <p>weigh 51:4</p> <p>welcome 61:8 75:2</p> <p>went 23:20 53:19 78:16</p>	<p>79:7</p> <p>weren't 71:17</p> <p>West 1:4 49:8</p> <p>we'll 5:9 12:13 21:12 34:8 37:4 57:14 58:21 67:3 75:8,12 81:15 82:16,24 84:5</p> <p>we're 8:2 34:11 34:22,23 42:6 43:11,15,17 44:10,11,23 46:19 48:20 68:5</p> <p>we've 8:10 10:8 19:10,23 25:2 38:7,14,19 47:12 50:7 53:10 65:24 67:15 81:24 84:1</p> <p>white 17:22</p> <p>Whiteley 3:3 4:9,9 36:16 36:20 40:19 40:19 42:16 47:20 48:18 48:19 78:4 80:10,14,20 80:22</p> <p>Whiteley's 47:23 80:16</p> <p>wild 35:19,23</p> <p>willingness 70:14</p> <p>window 76:21</p> <p>winter 64:20</p> <p>wiped 65:2</p> <p>Wisconsin 38:8</p> <p>wish 77:5,17</p> <p>women 35:22</p> <p>wonder 51:17</p> <p>wondering 72:22</p> <p>word 23:14</p>	<p>39:12</p> <p>words 20:13,13 47:8 75:21</p> <p>work 20:9,10 28:17 42:2 44:3 59:4 60:24 62:15 63:1 77:8</p> <p>worked 42:11</p> <p>workers 52:16 52:21 53:13</p> <p>workgroup 13:7,9,12</p> <p>workgroups 12:22 13:5,12 14:15</p> <p>working 7:22 10:10,20 12:22 13:1 19:16 20:20 21:7,9 24:11 25:2 41:24 43:21 44:10 44:11 48:21 49:17 63:10</p> <p>workplace 52:12 55:6</p> <p>works 9:3 41:10</p> <p>world 42:11</p> <p>worth 26:4 38:10</p> <p>wrinkle 12:8 20:23</p> <p>writing 62:22</p> <p>written 18:15 60:1</p> <hr/> <p style="text-align: center;">X</p> <hr/> <p>X 2:1</p> <hr/> <p style="text-align: center;">Y</p> <hr/> <p>Yeah 28:4 34:14 35:16 43:7 53:8 54:16 55:13</p>	<p>60:19</p> <p>year 9:9,17,22 17:1 45:15 47:24 53:11 58:16,24 59:1 59:6,8,10 68:7 70:19 75:23 76:10 84:15</p> <p>years 10:5 16:13 26:13 26:15 31:20 49:7 50:15 63:13 70:19 76:6</p> <p>year-long 71:4</p> <p>yesterday 54:8</p> <p>yield 66:8</p> <hr/> <p style="text-align: center;">Z</p> <hr/> <p>zoonotic 40:20 41:6,15 47:21</p> <hr/> <p style="text-align: center;">\$</p> <hr/> <p>\$1.9 62:2</p> <p>\$304,000 62:12</p> <hr/> <p style="text-align: center;">#</p> <hr/> <p>#084-002046 3:21</p> <hr/> <p style="text-align: center;">1</p> <hr/> <p>1 9:15 52:10 80:18</p> <p>1st 78:2 79:4 80:17,17</p> <p>1.9 62:13</p> <p>1:00 1:18</p> <p>11:00 1:18</p> <p>12 38:22,23 39:2 59:9</p> <p>12:52 85:21</p> <p>120 12:10,13</p> <p>122 1:7</p> <p>13 1:17</p> <p>13th 6:22</p> <p>15 3:22</p>	<p>16 31:20</p> <p>18 2:5</p> <p>1996 31:18,20</p> <hr/> <p style="text-align: center;">2</p> <hr/> <p>2 36:5 52:14 53:13</p> <p>20 2:6 80:2</p> <p>20th 1:6</p> <p>2000s 42:9</p> <p>2005 34:20</p> <p>2006 34:20</p> <p>2009 33:12</p> <p>2010 63:6,10</p> <p>2011 33:13</p> <p>2012 1:17 79:4</p> <p>2013 2:18 70:19,23 84:5</p> <p>2013-14 58:24 59:6</p> <p>2014-15 58:15</p> <p>2020 63:8 65:16</p> <p>217.522.22111 3:23</p> <p>22 2:7</p> <p>23 52:13,22 55:7</p> <p>23rd 52:19</p> <p>27th 71:11</p> <p>29 2:8</p> <hr/> <p style="text-align: center;">3</p> <hr/> <p>3 36:5 39:1</p> <p>30th 9:9,17</p> <p>31 2:9</p> <p>32 2:9</p> <p>34 2:10</p> <p>37 2:10</p> <hr/> <p style="text-align: center;">4</p> <hr/> <p>4 2:2</p> <p>41 39:9</p> <hr/> <p style="text-align: center;">5</p> <hr/> <p>5th 1:3</p> <p>535 1:4</p>
---	--	---	---	---

57 2:13				
<hr/> 6 <hr/>				
6 2:3 59:9 82:1				
60 10:17 12:3				
76:2,24 80:17				
60-day 76:21				
61 2:14				
62701 3:22				
65 45:18				
665 2:13 57:20				
68 2:16				
690.620 51:21				
695 2:13 57:21				
<hr/> 7 <hr/>				
7 2:4				
71 2:16				
72 2:17				
75 2:17				
<hr/> 8 <hr/>				
800.280.3376				
3:23				
81 2:18,19				
85 2:20				
<hr/> 9 <hr/>				
9 9:15				
9th 9:4 62:19				
9,000 82:1				
90 10:18 12:4				
90s 16:3				
94 51:16,21				
990.700 36:13				