MEETING 6/14/2012

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

MEETING

THURSDAY, JUNE 14, 2012

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

1. **Call to Order**
2. **Ratification of December 8, 2011, Actions**
3. **Approval of Meeting Summary**
4. **Director's Remarks**
5. **Policy Committee Report**
   - Medical Homes
   - SHIP Implementation
   - Division of Patient Safety & Quality
6. **Rules Committee Report**
   - Newborn Metabolic Screening and Treatment Code
   - Child Health Examination Code
   - Control of Sexually Transmissible Diseases
   - Immunization Code
   - Structural Pest Control
   - Asbestos Abatement for Public and Private Schools and Commercial and Public Buildings in Illinois
   - Laboratory Services Fees
   - Pregnancy Termination Report Card
   - Physical Fitness Facility Medical Emergency Preparedness Code
7. **Items for Discussion**
   - SBOH Bylaws
   - SBOH Member Reappointment Update
   - Immunization Code
8. **Appointment and Approval of Committee Chairperson and Members**
9. **Legislative Update**
10. **Adjournment**
STATE BOARD OF HEALTH MEMBERS:
Dr. Javette Orgain, Chairperson (in Chicago)
Rev. David McCurdy, Co-Chairperson (in Chicago)
Dr. Jerry Kruse (via telephone)
Dr. Herbert Whiteley (in Chicago)
Ms. Karen Phelan (in Chicago)
Ms. Babette Sanders (in Chicago)
Dr. Monica Schnack (in Springfield)
Mr. Kevin Hutchison (via telephone)
Dr. Jorge Girotti (via telephone)
Dr. Jane Jackman (via telephone)
Dr. Peter Orris (via telephone)
Dr. David Forys (absent)
Dr. Mohammed Sahloul (absent)
Dr. Timothy Vega (absent)

ILLINOIS DEPARTMENT OF PUBLIC HEALTH STAFF:
Dr. LaMar Hasbrouck, Director (in Chicago)
Mr. David Carvalho (in Chicago)
Ms. Mary Driscoll (in Chicago)
Mr. David Culp (in Springfield)
Ms. Paula Atteberry (in Springfield)
Ms. Christine Hoffman (in Springfield)
Mr. Curt Colwell (in Springfield)
Mr. Kent Cook (in Springfield)
Mr. John Reilly (in Springfield)
Mr. Bernard Johnson (in Springfield)
Mr. Richard Zimmerman (in Springfield)
Ms. Claudia Fabian (in Springfield)
Mr. Jonathan Gunn (in Springfield)
Ms. Kimberly Egonmwan (in Chicago)
Ms. Conny Moody (in Springfield)
Mr. Ken McCann (in Springfield)
Ms. Carol Finley (in Springfield)
Ms. Cleatia Bowen (in Springfield)

GENERAL PUBLIC:
Ms. Kimberly Schroeder (in Springfield)

COURT REPORTER:
Robin A. Enstrom, RPR, CSR
Illinois CSR #084-002046
Midwest Litigation Services
15 S. Old State Capitol Plaza
Springfield, Illinois 62701
217.522.2211
800.280.3376
CHAIRPERSON ORGAIN: Okay. Is everybody signed in, logged in, and ready to meet?

MS. BROWN: Yes, Doctor. I have four folks on the phone. I have Kevin Hutchison, Dr. Girotti, Dr. Kruse, and Dr. Jackman.

CHAIRPERSON ORGAIN: Excellent.

Excellent.

Well, welcome, everybody. We haven't heard or seen you in a while. So we're pleased that you're here and were able to join us. Thank you.

So let's start with the agenda.

UNIDENTIFIED: Let's start with introductions.

CHAIRPERSON ORGAIN: Yes. Let's start with introductions. I'll put my glasses on, and we'll start in Springfield.

DR. SCHNACK: Dr. Schnack.

MS. BROWN: On the phone?

MR. HUTCHISON: This is Kevin Hutchison, if you can hear me.

CHAIRPERSON ORGAIN: I can.

MS. BROWN: Next.

CHAIRPERSON ORGAIN: Can you go around the table. Can you go around the table and just introduce
yourself.

MR. COOK: Kent Cook, environmental health.

MR. REILLY: John Reilly, environmental health.

MR. COLWELL: Curt Colwell, environmental health.

MR. ZIMMERMAN: Rich Zimmerman, STD section.


MS. ATTEBERRY: Paula Atteberry, EMS and highway safety.

MS. FABIAN: Claudia Fabian, vital records.

MS. SCHROEDER: Kim Schroeder, Freeborn & Peters.

CHAIRPERSON ORGAIN: Those of you who are sitting back, we can't see.

UNIDENTIFIED: Move up to the table.

CHAIRPERSON ORGAIN: Yeah, that would be great.

UNIDENTIFIED: There you go.

MS. FABIAN: Claudia Fabian.
MS. FINLEY: Carol Finley, immunization program.

MR. JOHNSON: Bernard Johnson, with the laboratories.

MR. CULP: Dave Culp, health protection for IDPH.

MR. MCCANN: Ken McCann, environmental health.

CHAIRPERSON ORGAIN: And so we'll start as well.

MS. DRISCOLL: Mary Driscoll, patient safety --

COURT REPORTER: I can't hear you. I'm sorry.

MS. DRISCOLL: Mary Driscoll, patient safety and quality.

MS. PHELAN: Karen Phelan, State Board of Health.

MS. EGONMWAN: Kim Egonmwan, governmental affairs.

MR. CARVALHO: David Carvalho from the Illinois Department of Public Health.

DIRECTOR HASBROUCK: LaMar Hasbrouck.

CHAIRPERSON ORGAIN: Director.
DIRECTOR HASBROUCK: Director.

CHAIRPERSON ORGAIN: Javette Orgain, Chair.

REV. MCCURDY: Dave McCurdy, co-chair if I'm ever a member again.

MS. SANDERS: Babette Sanders. I'm a physical therapist, State Board of Health.

DR. WHITELEY: Herb Whiteley, Board of Health.

CHAIRPERSON ORGAIN: Okay.

MR. CARVALHO: Dr. Orgain, Kevin introduced himself on the phone. I'm not sure we had everybody for the court reporter during the official part. Could others on the phone introduce themselves? Kevin already has.

DR. KRUSE: Jerry Kruse.

DR. GIROTTI: Jorge Girotti.

DR. JACKMAN: Jane Jackman.

DR. ORRIS: Peter Orris.

MS. BROWN: Dr. Orris is on the phone.

CHAIRPERSON ORGAIN: Good. Wonderful. Excellent. Excellent. Thank you all for joining.

Okay. So we'll move on to the agenda.

While we don't have a quorum, are there any
recommendations for the December the 8th meeting?

That if you've had a chance to look at the meeting
minutes, are there any corrections that we could add
to it for future ratification at a later date?

Anyone?

Then we'll move forward and when -- and,
just so you know, that at the point at which our
members are reappointed, then we will have a special
meeting to get all our business done in a rapid
fashion. Okay?

So let me just now then welcome our new
director and glad that you can be with us today. I'm
sorry that everyone wasn't able to be here physically,
but we can certainly see you, and for those of you on
the phone, I was going to take some pictures, but
we'll do that at another date when you can be
available so that we can have our full board to
physically be present and meet and greet the new
director.

So, please, any comments.

DIRECTOR HASBROUCK: Thank you.

First of all, it's a pleasure to be here
in Illinois. It's a pleasure to be elected to direct
the agency.
As you all may or may not know, if you've been kind of following the press a little bit, I've been spending a lot of weeks on the road and getting around the state and meeting local health directors and administrators, which has been very, very valuable. My message to them is really that I want them to see me as colleague. I want them to see us as a partner and as a resource. I believe the best way to improve the health of Illinois (inaudible) improve our interface with local health departments because all public health --

COURT REPORTER: I'm sorry. I missed that.

DIRECTOR HASBROUCK: I said that I have been touring the state a little bit, and I've met with --

Okay. Better?

COURT REPORTER: Yes. Thank you.

DIRECTOR HASBROUCK: Okay. So I've been spending several weeks meeting with a number of local health departments around the state. I visited all the regions of the state so far. I just had another visit yesterday up in Stickney, have another one tomorrow. But that's been a very valuable learning
tour for me in terms of learning what their priorities
are and really how we can best serve them.

And, as I mentioned just a second ago,
that public health is a local phenomenon. All public
health happens locally in a local context. So I
believe that the best way we, as a state health
agency, can really impact the public health system of
the state and the health of the citizens is really in
better serving the local health departments. So I
want them to see me as a colleague and have access to
me. I want them to see the department really as a
partner and as a resource for them.

So I just really spent some time
introducing myself a little bit, giving them just a
very brief background in terms of my philosophy and
what things I care about and my approach to the job,
and really spending most of the time listening to them
in terms of, you know, things that work well with the
state and ways that we can serve them better and then
some of their growing concerns, you know, as we're in
this very volatile, kind of shifting dynamic with
public health in the midst of kind of the health
reform trends that are coming down the line.

So I can't stay with you all this entire
meeting, but I did want to come and meet everyone, and

I know that we've been working behind the scenes very hard to make sure we can formalize this committee so we can have the quorum and get -- you know, get all the new board members really codified so we can move forward with kind of the working business of the board.

I will say that, in my last position -- two-plus years, two-and-a-half years or so -- as a local health commissioner and local mental health commissioner, I have worked very closely with the board in its advisory capacity. And the county that I was at, we met kind of actually on a monthly basis. So I had a chance to interface with them very often. We had a great relationship, and I look forward to building that kind of relationship with this board as well.

CHAIRPERSON ORGAIN: You want to say just a little bit about yourself personally?

DIRECTOR HASBROUCK: Personally, I'm a daddy. I have a wife, and I have three daughters, and they're school age. And that's been probably the biggest angst of this job and making this transition. They just finished three quarters of schooling and had
to do their last quarter here, and it was a tough
lift. It was a heavy lift, but we got them through
it. They're now out of school, and we're looking
forward to the summer.

Professionally, I've been doing public
health. I actually got my master's in public health
before going into medical school. I did a traditional
two-year MPH program at UC Berkeley and then went on
to medical school and residency. I'm boarded in
internal medicine, but I basically consider myself a
public health practitioner as I've been working in
public health my entire professional career. And I've
seen public health at the local level, national level,
global level, and now at the state level. So I think
I have a lot of breadth of experience.

And I'm very happy to inherit the senior
staff that I have here, and we're heading into a
strategic planning meeting in the next -- probably in
the next month, I think it is; so -- and so we hope to
retool ourselves, look at our organizational
structure, look at how we can better serve local
health departments through our regional health offices
and regional health officers.

We're looking to come up to the -- come up
to speed on electronic use of innovation in our
grant-making process and our tracking process, being
more accountable, being more transparent, and really
retooling the organization as we're leaner to really
be more of a function, more of an asset to the locals.

We're also looking at putting more
emphasis on what I consider a prevention agenda and
really helping -- as I've heard across the state as a
need -- really helping the locals better define their
niche as a health department and better communicate
their value to their elected officials and to the
folks that they report to because public health for
some can be an amorphous kind of thing out there. You
know, we -- some of us do direct services, some of us
do screening, some of us do, you know, traditional
public health surveillance stuff, and sometimes the
county boards or the township boards don't really
understand the value of what we bring outside of
inspecting restaurants and some of the basic stuff.
So we're going to help to really improve and enhance
the marketing, if you will, of public health and our
value, especially in this dynamic time.

So those are some of my priorities, some
of my thoughts. Health disparities is going to be
another one that we're going to try to tackle. And so
I look forward to the challenges and working with you
all.

CHAIRPERSON ORGAIN: So do you see any
role for a member or representative of the State Board
of Health participating in your strategic planning
process?

DIRECTOR HASBROUCK: I do see that. I
think that probably what we'll have to do is some
in-house stuff first, and then when we kind of have an
agenda, then to get you all involved in terms to help
prioritize that agenda and rolling out that agenda.
Yeah.

CHAIRPERSON ORGAIN: Very good. Thank
you.

Any questions or comments or any of that
for the director?

REV. MCCURDY: What state were you last
in? Refresh my memory.

DIRECTOR HASBROUCK: New York.

COURT REPORTER: Who was that?

DIRECTOR HASBROUCK: Big state. Big
financial problems.

MS. BROWN: Dr. McCurdy.
DIRECTOR HASBROUCK: I was asked what state am I coming from most recently, and it's New York.

COURT REPORTER: I need you to state your name when you speak. I do not know who you are.

REV. MCCURDY: David McCurdy.

CHAIRPERSON ORGAIN: Sorry. Javette Orgain prior to that -- just prior.

And thank you for reminding us all to say who we are as we speak.

COURT REPORTER: Thank you.

CHAIRPERSON ORGAIN: All right.

MR. CARVALHO: Dr. Orgain?

CHAIRPERSON ORGAIN: Go ahead.

MR. CARVALHO: If I might suggest --

UNIDENTIFIED: Dave, your name.

MR. CARVALHO: This is David Carvalho.

Item number VII, the reappointment, I suggested that later in the meeting because I was going to report to you on how you all have been reappointed. So perhaps it might be good to talk about that earlier so that you know what the status of this meeting is and then what the status of your appointments are.
CHAIRPERSON ORGAN: Okay. All right. So we're going to just -- Dr. Orgain.

We're going to change the agenda and move item number VIII -- right? -- appointment and approval?

MR. CARVALHO: VII B.

CHAIRPERSON ORGAN: VII B. All right.

Thank you. Go ahead, Dave.

MR. CARVALHO: Dave Carvalho.

You all have not met as a board since December although some of you have met in committee. So those of you who met in committees are already familiar with this, but those of you have not met since December may not know entirely what's going on. So let me bring you all up to the same speed.

As you probably know, board members serve staggered terms of three years, and seven of you -- it's not exactly even because different categories of new members have been added over the last couple of years by legislative action. And so seven of you serve in terms that expire November of this year, and so those seven of you are current full board -- members of the board, and those are Dr. Kruse, Dr. Orris, Dr. Jackman, Dr. Forys, Dr. Vega, Dr. Whiteley,
Six of you serve in terms -- or there are six terms that would expire November of 2013. Two of those are currently vacant. Those are positions of environmental health practitioner and citizen at large. Two of those are currently filled with valid appointments, and those are Monica Schnack and Babette Sanders.

Under prior practice, those of you who were in terms that had expired were considered carryovers and valid and continuing members of the board. However, last year the Illinois General Assembly passed a law that said that anybody who is a carryover member of any board anywhere in state government beyond 60 days of the expiration of their term is no longer a member of the board. And it was an effort on behalf of the Senate, which is the advice and consent branch of government, to restore their ability to advise and consent. If members are in terms forever upon the expiration of their term, no new person is submitted to the Senate. Then the Senate is basically left without their advice and consent function.

There are other boards where that was
probably a higher priority for the Senate, but it affected all boards that require Senate confirmation, and your board requires Senate confirmation.

So Karen Phelan had been in a term that expired -- as had Dr. Girotti -- a term that expired November of 2010 and was serving in a carryover capacity. Dr. Caswell Evans, Kevin Hutchison, Ann O'Sullivan, Rev. McCurdy, and Dr. Sahloul were all in terms that expired November of 2011. So 60 days after that for each of them was in February or January.

So what we have been doing -- and Dr. Hasbrouck alluded to this -- was working with you and then with the Governor's office to secure the reappointments of each of you who was interested in reappointment.

You may or may not know that Ann O'Sullivan has concluded that the conflict between a standing obligation she has in her work setting and these meetings, which has necessitated her absence for the last couple of years at these meetings, she wanted to resolve in favor of resigning from the board. She had served for many years, and we appreciated her service, but Ann did resign.

More recently, Dr. Evans indicated he did
not have an interest in being reappointed.

But Kevin Hutchison, Rev. McCurdy, Dr. Sahloul, Karen Phelan, and Dr. Girotti's names have all been submitted to the Governor. You all went online and filled out the forms because that is the process for all appointments now whether new or re-appointments. And all of those are proceeding through the many steps that exist in the Governor's office.

The Governor's office has tried to make this a much more carefully scrutinized process for all of its boards, and, again, none of this -- neither the statute nor the delay -- has been targeted at this board in any way. It has just affected this board. So we believe we're very close to the last steps before your appointments will be final. In fact, we had high hopes that it would be before this meeting. I suspect it's going to be very shortly after this meeting, but nonetheless it was not before this meeting.

Therefore, what is this meeting about? Under the Open Meetings Act, since you are a board of 19, your quorum would most typically be 10 and a majority of a quorum is 6. So anytime 6 or more
members of this board get together, the Open Meetings Act must be complied with, and that means a posting of a notice and a recording of what transpired at the meeting.

The flip side of that is all of you can get together and participate at the discretion of the chair whether your appointment is current or not. And so what we have been doing with your rules committee and policy committee -- because the same rules apply -- and we are now doing today with the State Board of Health is holding this gathering of a majority of a quorum and going through all the proper procedures with the Open Meetings Act, recording that, in the case of the State Board of Health, with the court reporter as we traditionally do. And so this meeting is -- gathering is in full compliance with the Open Meetings Act, and we can go through this agenda at your pleasure and the pleasure of the chair.

What we did with the rules committee and the policy committee but especially the rules committee was all the persons who participated did not constitute sufficient number for a quorum, but it was all the usual members of the Board of Health and, as you know -- the rules committee. And, as you know, at
the rules committee meetings, typically at the end of
the meeting -- or at the end of the consideration of
each rule, a motion is made to refer the rule on to
the full board. In the alternative, because we could
not have such a motion, members were asked by David,
"Do any of you have any concerns or objections that
would preclude your wanting to recommend this on to
the full board?"

And so we, as a staff of the Department of
Public Health, were able to capture any concerns or
objections that you had in order to prepare for this
meeting, and we were able to record all of those
concerns or objections or comments that were made
during the course of the meeting.

So that's where we are. As a result of
all that, this is productive. It is a little
frustrating, but it is productive because we are able
to capture your input and, as well, able to discuss
the items that are on the agenda that don't require
action and are simply the sharing of knowledge anyway.
And, as importantly as all that is, of course, it's
also an opportunity for you to be introduced to and
hear from our new director whose appointment was made
since your last meeting.
So on with the agenda.

CHAIRPERSON ORGIN: All right. Any questions or -- Dr. Orgain.

Any questions for David? Any concerns?

For those of you who have not yet been reappointed, I just want to make sure that you were advised that -- and just to repeat that your expenses for today are not covered, and we do apologize, but we absolutely do thank you for being here today. So thank you again.

Okay. Let us then work with the agenda a little bit so we can get some of those quick things taken care of. So I'll go back up to the policy committee and Karen Phelan.


Welcome to our new director.

DIRECTOR HASBROUCK: Thank you.

MS. PHELAN: Policy committee has met a few times, but, of course, no decisions were made, no action was taken. And we had several items to discuss, but we have three pending issues, of course, and Mary Driscoll is going to go first for our division of patient safety and quality because she needs to leave (inaudible).
MS. DRISCOLL: Thanks, Karen.

COURT REPORTER: You need to speak up.

I'm sorry.

MS. DRISCOLL: I think I'll just focus on three or four of the things --

MS. BROWN: Excuse me. You need to speak up, Ms. Driscoll. Court reporter cannot hear you.

MS. DRISCOLL: Mary Driscoll, division chief, patient safety and quality. Is that better?

COURT REPORTER: Yes. Thank you. Every time somebody shuffles papers over the microphone, I miss what you say. So fair warning.

CHAIRPERSON ORGAIN: Okay.

MS. DRISCOLL: Okay. So I'm just going to focus on three or four of the things that the division is doing that may have some relevance to the Board of Health right now.

So let me just say you all know that the -- my division is responsible for publishing the Hospital Report Card, and we also publish the Public Health Data Map and the Consumer Guide to Health Care, and it's all on one website, and you can access it under the Hospital Report Card.

So we're getting ready to update the
Hospital Report Card. It will come out next week or the week after.

We're also going to be updating the Public Health Data Map, which is relatively new. It's where we're taking a look at access to care and looking at access to care with the emergency room data that we collect, running it through an algorithm, and looking at it for primary care sensitivity. So therefore we can look by county and smaller areas and metropolitan Chicago as to how many people went to the ED for visits that really could have been treated if they had adequate primary care. We also look at it by social determinants -- specifically race, ethnicity, income level, and payor mix. So that will be updated as well as the report card.

On this report card of note will be a year's worth of central line bloodstream infections. Another thing of note is that we are beginning to collect identified hospital discharge data. That will start in October, and I think that that will be very important for us to be able to look at quality measures such as hospital readmissions, et cetera. And as we get more adept at working with identified data, I think it will become more and more
MR. CARVALHO: Mary, could I just interject?

MS. DRISCOLL: Sure.

MR. CARVALHO: By "identified data," what Mary means is up to this point we've collected discharge information on every discharge, all 1.8 million discharges in Illinois last year, but the names of the patient and the social security number have been scrubbed. And we got legislation passed -- I think we told you about that last year -- that allowed us to start collecting the names and collecting the last four digits of the social security number which would allow for being certain that a record from this hospital last month and a record from another hospital this month are, in fact, the same person. Up to this point we couldn't tell that.

MS. DRISCOLL: And we'll also be able to tell that, and we'll also be able then to link it to other data sets -- for example, vital records, vital statistics, maybe even Medicaid data, et cetera, down the line. So we'll be able to start looking at, I think, some very important pictures of health care in the population.
Okay. The other thing I guess I'll just mention and then I'll stop is that our office, policy and statistics, and my division has been very active in meaningful use, which is, as most of you probably know, providers getting up and ready on an electronic health record and then using it in a meaningful way.

And the public health menu items for meaningful use that hospitals and providers have to comply with in order to get an incentive for using these health records are electronic lab reporting; reporting to an immunization registry, which we have one, I-CARE; and also syndromic surveillance, which is basically getting admission, discharge and transfer data, and looking at chief complaints in emergency departments. So we're able to collect all of these.

We developed, in conjunction with Chicago CDC Prevention Epicenter, something we call the Public Health Node that really allows providers to easily onboard to our system, and the Public Health Node will change the data to a structured format that will allow them to meet meaningful use.

So any questions on that? I'll hold everything else till another time.

REV. MCCURDY: I attended a family reunion
last week, and somebody from -- I think they live somewhere near Springfield or maybe between Springfield and Bloomington -- was telling me that there had been a hospital report card of some kind that had reported and letter grades were assigned, and I -- it sounds like this had nothing to do with state data but maybe some federal data, perhaps.

MS. DRISCOLL: Yeah. I was just reading this. I'm not sure who was doing this. I'm not sure it was federal. I'm not sure it was really any government entity, to tell you the truth. Yeah, no, we're not assigning grades to any hospital right now.

DIRECTOR HASBROUCK: What are we assigning --

COURT REPORTER: I'm sorry. Who's speaking? I'm sorry.

MS. DRISCOLL: No, we don't -- we don't rate them eight, but what we can do on the report card is there's a compare function, and people can compare hospitals to one another. You can actually use the compare function to compare every hospital in the state, if you want to, and take a look at how they measure up against certain indicators that you may be interested in.
We don't -- the science of public reporting and transparency is so new, really, and people, I think, are just beginning to do some research on it right now. We've been involved in a research project with the Agency for Healthcare Research and Quality to look at the different types of report cards that are out there, how they -- how consumers react to them, how they benefit the consumers, what consumers think about them, what providers think about them. So as that gets evolved, I'll keep you posted on all of that.

CHAIRPERSON ORGAIN: So those questions were posed in order by Rev. David McCurdy and Dr. Hasbrouck for our transcriptionist. And just a reminder, again, please say your name. Thank you.

COURT REPORTER: And I missed Dr. Hasbrouck's question.

MS. BROWN: Excuse us. The court reporter has a question.

COURT REPORTER: I missed Dr. Hasbrouck's question completely. I could not hear him.

DIRECTOR HASBROUCK: Okay. So I'll repeat --- this is LaMar Hasbrouck again.

I'll repeat the question. And the
question was just does our Hospital Report Card record
grades or do we use some other metric.

DIRECTOR HASBROUCK: Some other

comparative metric.

DR. ORRIS: Could I ask a question as

well? It's Peter Orris.

MR. CARVALHO: Dave Carvalho. If I could

jump in there.

If you look at any -- hello?

MS. BROWN: Excuse me, Dave. Dr. Orris

has a question also.

MR. CARVALHO: Go ahead, Dr. Orris.

DR. ORRIS: Is it okay?

Is it possible that you could organize, at

least in Chicago or perhaps Chicago and Springfield,
an afternoon seminar for the board and others

interested on these databases pertinent to the current

law and what you're going to be collecting so that we
could know more about the practicality of accessing

this information and with the real databases up where

we could look at it? Thank you.

MS. DRISCOLL: Yeah, I think that -- sure.

We'd be happy to do that at some point in the future,
probably maybe in the fall or sometime like that. We
can give you -- we could even do it by webinar,
actually, and that would be easier for everyone. So
we'd be happy to do that.

DR. ORRIS: Great. Thank you.

MR. CARVALHO: As Mary -- this is
Carvalho, Dave.

If you go to the website, I think, before
that meeting just to play around with it a little bit,
it will give you an indication. There are a whole
bunch of measures with respect to each hospital, and
depending on the measure, most typically what it is it
shows whether the hospital is at the norm, above the
norm, or below the norm. And so that's -- that's the
thing that you will see when you compare hospitals.
You'll see that hospital A, for any particular measure
that you're interested in, is at the norm, hospital B
is below it, and that could be potentially useful
information.

As you recall, when we first started
sharing this with you back when it first went
online -- was it about three years ago? Yeah, three
years ago -- you know, it served multiple purposes. A
consumer can look at it for comparing hospitals, but
one of the things that we anticipated and then found
to be the case is hospitals use it to evaluate
themselves. And I think I may have said to a
reporter, when it first came online, when they said,
"How many people are hitting the website?" I said,
"Well, I hope there's 220 hospital CEOs hitting the
website and asking questions at their next meeting
'Why are we below, you know, the norm, or why are we
below our folks across the town?"

But since that time Mary has added things
and added things. I think we have -- we have given
you that information as it occurred, but it would be
very good, Dr. Orris, to give you a new look at it all
complete and an insight into how it's put together and
the direction Mary's taking it going forward.

MS. DRISCOLL: Yeah. We'll follow up with
Karen on setting up a webinar for the board.

DR. ORRIS: Great.

MS. BROWN: Go ahead.

DR. ORRIS: Peter Orris again.

I just wanted -- not just the
hospital-based databases but any others that we have
as well. I saw an interesting presentation recently
from the CDC on their databases, and I think
understanding it better is my goal. Thank you.

MS. PHELAN: Thank you, Mary.

MR. HUTCHISON: This is Kevin Hutchison

with a question.

MS. BROWN: Excuse me. Kevin Hutchison

has a question.

MR. HUTCHISON: This is in regard to Mary

for our meaningful use. I guess, from local health

departments' perspectives, we're certainly interested

in any training, technical assistance, and then

development of standards working with the Public

Health Node as an agent of IDPH relative to

immunization records, infectious disease reporting.

Some health departments are involved as lead agencies

of the Illinois Breast and Cervical Cancer Screening

Program, Ryan White, HIV Care Connect. So there's an

array of health-related data and information that

we're collecting at local health departments across

the state, and we're interested in how the -- this

will integrate with IDPH, the Public Health Node, and

ultimately tie back to hospitals and other medical

providers related to the meaningful use, health care

homes, et cetera. So if that's something that you can

comment on or discuss future plans for how that will
work in alignment between state health department

efforts and locals. Thank you.

MS. DRISCOLL: Right now -- this is Mary

Driscoll responding to the question.

Right now we don't have any concrete

plans, but it certainly is a vision that eventually

through the Health Information Exchanges and

particularly through our state Health Information

Exchange that all this data will eventually be

integrated, and the concept of the Public Health Node

will be a place that will sit on the state Health

Information Exchange that folks will be able to pull

data, that the data will be able to be organized in a

way that you can do the analytics on data of public

health interest.

So that is sort of the broad-brush vision.

We're certainly nowhere near there yet although I

think the state HIE is starting to make strides

through their use of a pipeline called RECT. So

they're be being able to onboard more -- more types of

data. And we're going to get there, Kevin. We're

just not there yet.

MR. HUTCHISON: Yeah. This is Kevin

Hutchinson again. Thank you.
And I think, you know, we have operationalizing on two levels: certainly the population-based data of Health Information Exchanges, but I think there's also the personal health level data of individual children and families, and how that will integrate between local government health departments and private medical providers and hospitals and so forth. So that's just something that's been discussed by the administrators association and I'm sure other public health associations at the local level in Illinois.

So we'll look forward for opportunities to explore that further. Thank you.

MR. CULP: Dave Culp.

Kevin, this is Dave.

So I just had stepped out. You had mentioned, of course, the Ryan White data. And, Christine, you can weigh in. But one of the things -- I think it's going to be a stepwise -- and Mary did a very good job outlining -- a stepwise, really, progression. That, first of all, we're looking at as far as that data within the provide system tying in with ERs, and then ultimately I think it's important we look at the i-NET system as well as all of our
systems. That it's going to be a stepwise progression.

I welcome your continuing input on this because we have a lot of systems out there, and it's very important to bring them together into one consistent source.

Christine, I don't know if you had anything additional to add in that regard. But, once again, Kevin, you're exactly right. I think Mary stated it very eloquently -- that it is going to be a stepwise progression. However, it's something we need to continue to consistently drive towards.

CHAIRPERSON ORGAIN: We have one more question, and then we're going to have to move the agenda. This is Dr. Orgain.

Babette.

MS. SANDERS: This is Babette Sanders. Actually, I have two questions. Any information that's posted is now public -- for public consumption and can be used for research purposes or -- I think that gets to Dr. Orris' question as well.

MS. DRISCOLL: Any information that's posted on the website definitely is out there for the
public to view without a doubt.

MS. SANDERS: Okay. That's one question.

And the other question that I have then is how aggressively are consumers made aware of the availability of this information? What -- how is -- how do people know about it? I know, on the Medicare website, the minute you go to the Medicare home page you get to the comparisons, and I think that's probably more frequently visited than perhaps people would go to a public health website.

MS. DRISCOLL: We are -- you know, we try and do marketing as much as we can. I think we always have a press release whenever we update the Hospital Report Card. I think it's been, you know, shown around many national meetings. Our vendor who does the website for us -- they're pretty adept at marketing. So now if you Google Hospital Report Card, we're the first one that comes up. Or if you Google, you know, anything about hospital quality, we'll pop up. We probably could do a better job if we had more, you know, resources to do it with, but I think we're not doing a terrible job, I mean, so --

MR. CARVALHO: This is David Carvalho.

It is a requirement, actually, out of law
that a button for the Hospital Report Card be on the
front page of our website. There's a long story
behind that, but I won't tell it. So it is a button
on the front page of our website.

And then we also were recognized --
Consumer Reports has commented on our website being
among the more friendly and better websites of the
state. So we're always working to get press interest
in what we're doing.

MS. SANDERS: So it would be
interesting -- to help the hospitals understand, it
would be great if there was a link off of their home
page to the reporting.

MS. DRISCOLL: Actually, I will tell you
something interesting that I did just find out.
This is Mary Driscoll speaking.
The Hospital -- the Illinois Hospital
Association, soon after we came out with our report
card, started publishing their own report card. They
just recently told me they've stopped doing that
because they are pretty well satisfied with our report
card. And even though, you know, they came to it
kicking and screaming, I think right now everyone sees
the benefit of public reporting.
DIRECTOR HASBROUCK: This is LaMar Hasbrouck.

Just want to make two comments on that. One is we are undergoing kind of a retooling of our website -- of our public health website. So we hope to make some of these data sets more prominent on that. And then, also, we participated in something called data.Illinois.gov or DIG for short, which is kind of an open-use inventory of all state-related databases, and we have currently populated that source to the tune of about 45 or so databases. And, interestingly enough, since that's been launched over the last year, we have 14 of the top 20 most used data sets in there, including the number one and number two spot. So our data is very -- you know, is very needed by a lot of folks. We can do a better job, and we will do a better job in marketing and getting it out there.

MS. SANDERS: Thank you very much.

DIRECTOR HASBROUCK: Sure.

MS. PHELAN: Thank you. Thank you again, Mary.

Okay. We will move on very quickly because I realize that rules -- that rules has many.
Oh, Karen Phelan. Sorry.

Dr. Kruse, if you could share with us very quickly maybe an update on medical homes.

DR. KRUSE: All right. The update on the medical homes. I think this is one thing that the board, as we move forward in time, is going to need to decide what action we'd like to take with some of this stuff.

We mentioned before that by 2015 at least half of public aid patients will need to be enrolled in care coordination entities with patient-centered medical homes. I'll just say briefly that that whole process, which I'm on a subcommittee for, and engaging these entities has not moved forward very well.

Here's the historical aspect: Starting in about 2004, Illinois Health Connect had per-member per-month care coordination payments for a patient-centered medical home. Another piece of the program, Your Healthcare Plus, was contracted with McKesson to have payments for high-risk/high-cost patients.

Recently, the data has come in from outside auditors and the Commonwealth Fund that took a look at the Illinois Health Connect and the Your
Healthcare Plus programs, and over the period of time that they've been up and running, they've beat the projected budget by about $2 billion together. In 2010 itself, it was one third of that total, almost $750 billion [sic].

McKesson is now out. They have not been recontracted by the state, and, you know, we're trying to do this through this process, which, in my opinion, quite frankly is not going very well.

Also, comparing the quality of care indicators from the start of the program to the end, there's been a tripling of colonoscopies, cervical cancer screening, and mammographies in this patient population as well as appropriate lipid profiles tripling. There's been a doubling of hemoglobin A1c's for diabetes, and there's been a 30 percent increase in the appropriate use of asthma control medications.

So the patient-centered medical home in its simplest definition -- not the FCQA definition but the simplest definition -- has been incredibly effective in the State of Illinois. We're to a point now where we don't know where it's going at this point, and it actually gets to be a public health
issue for the state.

So that is my report. Thank you.

MS. PHELAN: Any questions for Dr. Kruse?

When we have a quorum -- when we have an approved quorum, I'm sure we'll work on that,

Dr. Kruse.

DR. KRUSE: Thank you.

MS. PHELAN: And we'll follow up with SHIP implementation. David will make the presentation on that.

MR. CARVALHO: This is Dave Carvalho.

Leticia Reyes could not be here. She's working on the Community Transformation Grant project, and there's a meeting going on right now with that.

As you know, you oversaw the adoption of the SHIP of 2010, and then there was legislation to provide for a SHIP Implementation Coordination Council to take that forward. And the SHIP implementation council has been appointed and has met three times so far, several of those since your last meeting.

We are now working -- as was always envisioned, the Governor's office is deeply involved in this, and that was the whole point of the SHIP implementation council being appointed by the
Governor's office -- so that this multistakeholder, multistate agency enterprise would have the oversight and investment of the Governor's office.

So we're working with the Governor's office and our consultant/vendors -- who are UIC School of Public Health, Illinois Public Health Institute, and Laura McAlpine -- to develop the materials for the next meeting which is June 29th, from 11:00 to 3:00, in the Bilandic Building. A number of you are members of the SHIP implementation council, and you'll get notice of that, but, of course, as always, these are public meetings and all of you are welcome.

A large part of the activity at the SHIP implementation council meetings has been to try to get everyone's arms around what process should be used for coordination of implementation. We -- our first meeting we learned very quickly that, when you have a multistakeholder team looking at a multi -- a SHIP plan that has many, many different features, the hardest thing to do is to ask everybody, well, let's focus on three because that almost by definition unfocuses on about 35. So that was not -- that did not go over very well although that was the original
game plan.

So -- and those of you who participated will remember this well. We -- at our last meeting of the SHIP Implementation Coordination Council, we settled upon a procedure very similar to one being used in Wisconsin in connection with their implementation of a -- what was a ten-year State Health Improvement Plan. It's got eight years left -- eight years left on it. That plan provides for a framework where the coordination aspect is the one that is emphasized; namely, a process for this council to coordinate various activities but not dictate that certain of those activities are the priorities and everything else steps second.

The idea there is that that allows the members and the other stakeholders in the state to coalesce around activities which this council can help coordinate, which may itself be a catalyst to the success of that activity, but without the council dictating what the priorities are going to be; rather the enthusiasm of the stakeholders and the interests of the stakeholders will determine what the priorities are because what doesn't get done is obviously a low priority and what does get done and what the people
are eager and willing to tackle is a priority almost
by definition.

We're really pleased with that tack, and
the Governor's office is pleased with it. The members
at the last meeting seem pleased with it. So the next
step that we're planning for -- next steps at the next
meeting is to develop plans to do that in each of the
five areas of focus that are in the SHIP as well as
the nine disease and specific areas that are in the
SHIP.

So I encourage those of you who are
members to attend the June 29th meeting, and those of
you who are not, we'll make sure that you get notice
of it and the materials so you can see whether
attending would be something that you'd be interested
in doing.

CHAIRPERSON ORGAIN: Any questions for
David?

MR. CARVALHO: And one more thing I should
add. One of the things that became quickly apparent
to the implementation council and the department and
the Governor's office was our existing statute that
required the development of a SHIP every four years
made it difficult to keep the focus on implementation
of any given SHIP if, in anticipation of the next
SHIP, you had to pull together stakeholders to develop
the next SHIP.

And so we went to the legislature to
extend that cycle to five years and to have the next
SHIP have as its target date 2016. That bill did
pass. It's on the Governor's desk. And that will
allow four more years of activity for implementation
of the current SHIP and will postpone for three years
the initialization of the activity to develop the 2016
SHIP. That just seemed like a really good idea all
around since many of the same people involved in
implementation are the people who will be involved in
the production of the next SHIP anyway; so --

CHAIRPERSON ORGAIN: Dr. Orgain speaking.

And I have been asked to share our SHIP
with Robert Wood Johnson grantees, Roadmaps to Health,
Community Catalyst, which I'll be doing on June the
19th. They were interested in knowing how we're
handling policy and elimination of health disparities
and health equity. And that's just information.
Okay.

REV. MCCURDY: A question for Dave. This
is Dave McCurdy.
My question is am I right then in understanding also that, by the extension of this period of time, that also effectively extends the terms of the current council members as part of that?

MR. CARVALHO: Yes. The way -- this is Dave Carvalho.

The way the statute had always been written -- and this hasn't changed -- is the members of the implementation council serve until the next SHIP is delivered, and by extending the delivery date of the next SHIP, we've extended the terms of the implementation council.

REV. MCCURDY: Thank you.

MR. CARVALHO: By the way, the members of the implementation council were appointed by the Governor to that council by name, not by virtue of who they represent. So if any of you are expired members of this board, do not worry, that does not affect your term of service on the other board. You are serving there by -- in your own capacity.

MS. PHELAN: Thank you, David.

That concludes the policy committee report.

CHAIRPERSON ORGAIN: Let us move on to
item number VII because -- VIII because I think we can dispense with that one as an agenda item because we are unable to do item number VIII on the agenda. Okay? So we can eliminate that.

In terms of moving the agenda, we're going to do the rules last. So let's move the agenda item up for number VII and go to the to our bylaws.

MR. CARVALHO: Thank you. Dave Carvalho.

In connection with dealing with the situation that we've had over the last couple of months regarding quorum, Dr. Orgain and I have noticed a couple of things in your bylaws that are very out of date and/or do not allow the flexibility to deal with various situations. For whatever reason I suspect, when the board was originally constituted, it was smaller, and it's grown over the years as various sectors have been added.

For some reason, various places in your articles or in your bylaws say five members may do this or three members may do that. Perhaps at one time that was a majority, but now it is not. And so we need to review the bylaws to clarify the appropriate numbers for these things.

There's even a provision of the bylaws
that says that a quorum is a majority of the appointed members, and at one point we thought, well, there are nine appointed members; so a quorum could be five. But in discussing that with our counsel, he thought that was not likely the intent of this provision -- that as few as five persons on a 19-member board could serve -- could act for the board if there happened to be a number of vacancies; that more likely that was to distinguish appointed members from persons who are serving on your committees and other activities who are not members of the board, which your bylaws permit. You could -- although you have not recently -- have non-appointed members on your committees, and so the distinction of appointed members versus those members is there.

So what we propose doing is going through, reviewing with counsel, reviewing with the chair, and taking any comments from any of you as well, come back to you with a proposed set of revisions to the bylaws. At this point if -- I'd invite each of you to look at them. If you have already looked at them, perhaps, in the interest of the time meeting, you could share those afterwards as opposed to now; and I'll take those and collate all of these and work with your
chair to come back to you with some proposed bylaw revisions.

CHAIRPERSON ORGAIN: Dr. Orgain.

So essentially you can send any proposed changes to David, not to me.

MR. CARVALHO: Yes.

CHAIRPERSON ORGAIN: Okay. You can copy me.

MR. CARVALHO: Yes.

CHAIRPERSON ORGAIN: But please send them addressed to David Carvalho.

The additional thing that we've noted was our inability as the chair to appoint another chair of a committee or other members of a committee so that it could be functional during these transitions. So consider that as well as you are looking through the bylaws. Okay?

MS. SANDERS: Babette Sanders.

I have a question, Dave. What's your time line? So if we have comments, how soon should we get them to you?

MR. CARVALHO: Well, we'd like to get this to you for your next meeting. So that -- your next scheduled meeting is in three months. So if you get
them to me in the next month or so, that will be fine.

That's about the time line I'll be working on them.

The one thing is your bylaws currently do provide that amendments shall be proposed at one meeting and voted at the next meeting. So we won't actually be able to effect the changes till the December meeting.

We are bypassing -- and even if you had wanted to do it, we probably need to bypass the idea of creating a bylaws committee because right now you can't create a bylaws committee. So let's -- even if you could, it might be a little cumbersome; but inasmuch as you cannot, let's -- let's try this process and see if the work product that we share with you in September meets your approval.

CHAIRPERSON ORGAIN: Any additional questions -- Dr. Orgain speaking -- for David?

All right. Thank you very much.

So then on --

MR. CARVALHO: The other item on VII is -- and I'm not sure if you and I had a chance to talk about this. At our rules committee meeting, there was the immunization code, and Dr. Orris had some questions that were tangential to a particular matter
in front of the committee, but he asked that it be something that the board could be refreshed on, which is what is the process that we use to add mandatory immunizations to the code and then -- in general, and then specifically the status of HPV vaccination which is currently not part of the mandatory vaccinations for the code.

So Carol Finley, who heads our Office of Health Protection's immunization section, is in Springfield and is prepared to give a little overview reminder to the board. Those of you who are long-term board members may know that you exist almost because of this issue of the immunization code and the addition of mandatory vaccinations/immunizations to the code.

So if it's okay with the Chair, Carol Finley, you can move forward with that.

MS. FINLEY: Carol Finley speaking.

And I want to thank those of the local health departments who make our rules happen who are on the call. Thank you.

The process that's been aligned since 2002, as I am aware -- and there are some people in the room that actually might have more institutional
knowledge of our processes than I do -- but currently
almost all of the CDC's Committee on Immunization
Practices' recommendations for childhood vaccines are
present or going to be present in our rules in 695 and
665 which address childhood immunizations
requirements.

Those that aren't are hepatitis A
vaccination; HPV vaccination, which Dr. Orris asked
about; influenza vaccination, which I might remind you
all should be annual; and meningococcal vaccine.

So it's not just HPV that's not in our
school rules. There's three other vaccines that are
recommended by CDC's ACIP committee that aren't
absorbed in our school recommendations currently.

The practice that has been in place since
2002 when the hepatitis B vaccine was rolled in for
young adolescents in fifth grade -- and created quite
a stir in our communities throughout Illinois -- was a
process that actually created a separate immunization
advisory committee that's appointed by the Governor's
staff. Our director, you know, appoints people, and
they're approved by the Governor's staff.

So any recommendations that we have for
school-based vaccinations -- which are vetted out with
DHS, HFS, and, of course, the State Board of Education, and DCFS -- those are reviewed by our immunization advisory committee; and they don't have to approve them, but they do make recommendations on any changes that they feel would be necessary. And then those proposed amendments are presented to this body, the State Board of Health.

And our current rule-making process does require that we have hold a series of three public hearings in the north, the central, and the southern part of the state to allow adequate public comment. There's a notice period that goes into the, you know, Illinois Register, and after that's filed, there's another 45-day comment period that's available for public to comment on. And then it usually procedures forward. The second notice period goes to JCAR. Then I think everything else is pretty much the way other rules occur.

Questions?

CHAIRPERSON ORGAIN: Dr. Orgain.

Is Dr. Orris perchance still on the line?

MS. BROWN: I don't believe he's still on the line, Dr. Orgain.

CHAIRPERSON ORGAIN: Okay. All right. He
had indicated that he might not even be able to join us, but I'm happy that he was for the brief period of time. Sorry that he wasn't able to hear the additional information that was provided, but it will be in our documentation.

Okay. So, based on that, we can then move the agenda, and we'll move the agenda to item number IX legislative update.

MS. EGONMWAN: Okay. Hi, everyone. This is Kim Egonmwan, and I know Cleatia will probably be able to tell you how to spell that last name, and I am the chief of legislative affairs for the Department of Public Health. It's a pleasure to be here with you all today. I really respect the amount of work that you do and the, I guess -- what is it? Breadth? -- because you touch on so many things like our department does. So it's just really impressive.

Madam Chair, with your permission and also David, I'd like to, on that note, talk with you more about what you really want to hear from us because we also look at quite a few bills during the legislative session.

We're in the midst right now of finishing or completing our end-of-the-session report or what
have you, which, of course, soon will be up in the air because we still have veto session, of course.

But one of the main initiatives besides SHIP -- okay. So the bill that David was talking about was Senate Bill 174, which, of course, gave you an additional year for the SHIP implementation.

Another one of the bills that we worked extremely hard to get passed as an initiative of the department was Senate Bill 3727, which dealt with the Swimming Facility Act. This is something that's been in the works for quite some time. Basically, it provides for prequalification of licensed design professionals who submit for construction permits and also provides for prequalification for swimming facility contractors and made some changes to our existing enforcement language and then also it increased fees.

Our swimming program had not increased fees for the life of the program, which meant that we were charging basically the same $50 for whatever we did since 1974. So I guess we could have increased it along the way. People would have complained about that, probably, but what we did was we saw the way that the program was -- how it was sustaining itself
or what have you, and it was just not sustainable
any more.

So we were able to get that done with the
immense help of the Office of Health Protection,
passed both houses, and it should be, according to my
list -- it passed both houses. So it hasn't been sent
to the Governor yet, but hopefully he'll be signing
that soon.

There were other initiatives that we did
not get a chance to really take up, not because we
didn't want to, but sometimes, as you know, the
climate is just not there. And, as you also know,
bills never really die. The ideas never really truly
die. They resurface in different ways. So we'll live
to fight another day on some of these other bills.

One of those, for example, is the EMS
Educational Standards initiative. We actually did get
this bill, which it was 3261, Senate Bill 32 -- no --
yeah, Senate Bill 3261. We did get this passed in the
Senate. When it went over to the House, we began to
get a lot of questions from Representatives Rose --
and then which spurred more questions from Dugan and
Moffitt, who serve on the EMS committee, and we agreed
to work this summer to try and come to some
1 conclusion.
2 Basically, it's taking the educational
3 standards for the emergency services from the
4 Department of Transportation of National Standard
5 Curriculum to what is called the New Education
6 Standards. And that is something that's taking place
7 in states across the country, and at the end of the
8 day, the bill was hijacked anyway. So it was taken,
9 and charity care was put on the bill. I believe that
10 was the one that -- so sometimes that happens.
11 Then we also fought a lot of bills. Some
12 of the ones -- and, actually, we were quite successful
13 as far as fighting some of the proposals that we
14 thought would just be detrimental to our programs.
15 For example, House Bill 5633, which dealt
16 with nursing home visitor access. This bill -- yeah,
17 David knows. This bill evolved, but it initially
18 began as a bill where, if you went to visit a nursing
19 home, you would have to show your ID, you'd have to
20 give over all papers that you were bringing whatever
21 resident you were going to visit. And it changed
22 several different times, but we fought it every step
23 of the way to try and, you know, give residents the
24 rights that they have to have people come and visit
them and make the area and the atmosphere better. So that's one of the bills -- and, David, you might want to talk more about it because that's something that we finally talked them down, and we're going to discuss more about what to do with it in the summer and in the upcoming months.

Another dealt with food allergy awareness, Senate Bill 2548. And it was just -- it was a Senator Silverstein act. So it dealt with food allergy awareness, and, basically, it impacted us. We didn't have a revenue stream to pay for the implementation; and then also, logistically, the task of inspecting and licensing restaurants is delegated to the local health departments. So the local health departments will have to assume some additional tasks as part of their restaurant inspection protocols and procedures. They have the responsibility for retail food inspection enforcement, and it will be difficult for our department to get access to a listing of the restaurants for the food allergy friendly program or to be able to complete the report required. There was a report requirement.

There were a lot of bills that we also -- that's just two of the bills that we actually were
kind of fighting against.

We also supported quite a few bills that did pass both chambers. The sex transmissible prisoners, which was House Bill 4453. It required our department to develop and implement written procedures that establish a process for notifying and recommending sexually transmitted infection testing for prisoners who have been named as a contact to an individual diagnosed with an STI, sexually transmitted infection, and for individuals who have been named as a contact to a prisoner diagnosed with an STI. So that passed both chambers.

We were also very supportive of House Bill 4968, which is Representative Gabel, hospital infant feeding policies or promotes breast feeding of babies by supporting and educating mothers about breast feeding while they're still in the hospital.

Then, also, some of the other things we talked about were the Lottery Quality of Life ticket, which was a Senator Collins bill. So we wanted to extend the Quality of Life scratch-off Lottery ticket, and it was -- it was sent to the Senate for concurrence. I think -- I don't remember the final disposition of it.
And then one final bill which changed the Department of Public Health director qualifications. So currently the director must be an M.D.

CHAIRPERSON ORGAIN: I'm listening.

MS. EGONMWAN: I know. I saw your eyes get big.

Currently, the director must be an M.D. With this bill the director can either be an M.D. or hold a master's of public health along with -- if the director holds a master's of public health along with some -- did the director also have to have the -- so many years of admin -- health care --

MR. CARVALHO: Five years.

MS. EGONMWAN: -- five years, but they would also -- if the director does not hold an M.D., he will have to have -- he or she will have to have a medical director who is an M.D. So that passed, and I hope that --

CHAIRPERSON ORGAIN: Yes. That works for me. Dr. Orgain speaking.

So did that pass or not pass?

MS. EGONMWAN: It did.

CHAIRPERSON ORGAIN: Okay.

MS. EGONMWAN: It did.
CHAIRPERSON ORGAIN: Okay.

MS. EGONMWAN: And it is sponsored by the Senate president and it was sponsored by a member of leadership of the House.

CHAIRPERSON ORGAIN: That's a good compromise.

MS. EGONMWAN: So --

CHAIRPERSON ORGAIN: But --

MS. EGONMWAN: Sure.

CHAIRPERSON ORGAIN: It was my understanding -- Dr. Orgain.

It was my understanding that it was an M.D. or (cough) a medical director. It is not.

MS. EGONMWAN: M.D.

CHAIRPERSON ORGAIN: It is M.D.?

MS. Egonmwan: Yes, ma'am.

CHAIRPERSON ORGAIN: Okay. All right.

Thank you. What is that bill number? Do you know?

MS. EGONMWAN: The final bill number was -- because it was on two bills.

CHAIRPERSON ORGAIN: It was? Okay. You can give it to me later.

MS. EGONMWAN: Okay.

CHAIRPERSON ORGAIN: Unless you can --
MS. EGONMWAN: Let me give it to you now. Senate Bill 2578.

CHAIRPERSON ORGAIN: 2578.

MS. EGONMWAN: That was the one that finally --

CHAIRPERSON ORGAIN: That's the one that passed.

MS. EGONMWAN: -- passed.

CHAIRPERSON ORGAIN: And it's going to the Governor.

MS. EGONMWAN: Just want to make sure it hasn't already. Yes, passed both Houses. So it hasn't been sent to him yet, but it passed --

CHAIRPERSON ORGAIN: Okay. Passed both Houses. Thank you.

REV. MCCURDY: This is Dave McCurdy again. So that if I understand it, it seems that that would require the hiring of an additional staff person in the department which means money for that would come from somewhere; so --

MS. EGONMWAN: Yes.

CHAIRPERSON ORGAIN: Okay.

MR. CARVALHO: This is Dave Carvalho.

The rationale -- the rationale behind this
1 bill, which was not initiated by the department but
2 was obviously carefully monitored by the department,
3 was that at one point in time, you know, many health
4 departments were required to be directed by a doctor.
5 At one point the city of Chicago required to be
6 directed by a doctor. And with the growth of the
7 public health profession and the public health
8 professional and, frankly, the difficulty in finding
9 doctors with a public health background and
10 administrative background and an interest in living
11 within the constraints that one lives with nowadays
12 under Illinois laws, the revolving door prohibitions
13 are excessive. The director of the Department of
14 Public Health cannot go work for anybody for whom a
15 licensing decision was made in the prior year. Well,
16 we renew the license of every hospital in the State of
17 Illinois. So director of Department of Public Health
18 cannot go work for an Illinois hospital after serving
19 as director for a year.
20 So given all these limitations, we were
21 obviously, you know, delighted to have found the one
22 person in the country who actually is a public health
23 professional and an M.D. and met all the requirements
24 and is doing an outstanding job as our director.
But before Dr. Hasbrouck was found, the Senate president, frankly, on his initiative, initiated this bill when he'd heard about the challenges that the Governor's office was finding and because of all these other constraints. We certainly would have liked those constraints to be relaxed, but the alternative of -- namely, the revolving door of going to work for a hospital just because their license got renewed -- that prohibition seems absurd.

But, in any event, it is the law. So this -- there's a feature of the bill which require certain of the administrative functions of the department to report to the medical director rather than the director although the medical director reports to the director.

The medical society was keen on certain functions of the department reporting to an M.D. So all of the nursing home regulation and hospital regulation and patient safety issues and the like -- well, there are -- yes. And the alternative of having the medical director be the advisor to the director on those issues was not satisfactory to the medical society. They wanted a line reporting relationship.

So those are all written into the bill,
and it's now to be -- when Kim and I make the
distinction between it's passed or it's on the
Governor's desk, the legislature has 30 days or so --
is it 60?

MS. EGONMWAN: I think it's 60.

MR. CARVALHO: No, 30. The Governor has
60.

-- 30 days to transmit it to the Governor,
and there are some that they do very quickly -- like
the Medicaid bill that was signed today -- and there's
others that take longer time.

MS. EGONMWAN: So just like Dave -- this
is Kim again. Kim Egonmwan.

So just like David said, the Medicaid bill
was signed today. The cigarette tax increase, a
dollar state increase, was signed today. There was
one more piece, wasn't there?

MR. CARVALHO: Well, the charity care
piece.

MS. EGONMWAN: The charity care piece was
our bill that --

MR. CARVALHO: -- signed today.

MS. EGONMWAN: -- was signed today. And
along with -- there were budget bills, and so that's
the reason why I want to discuss with you all more
because we can go into greater detail about the budget
for Department of Public Health or other items that I
can definitely --

But thank you all for listening.

MR. CARVALHO: This is Dave.

I think the one other bill we should
probably just apprize you of, because you might be
interested in this, there was a legislative initiative
to return the maternal and child health programs to
the Department of Public Health from the Department of
Health Care and Family -- Department of Human
Services. For those of you who have been around a
while know that those programs used to be at the
Department of Public Health before the creation of the
Department of Human Services. When it was created in
the later '90s, those programs were moved over there
on the theory that they touched individual clients,
and all the programs that touched individual clients
directly were going to be in human services.

The Maternal and Child Health Coalition,
the Illinois Public Health Association, and other
advocates for maternal and child health have long
thought that those programs really belong wrapped in a
public health setting, in a public health department;
and so Robyn Gabel, representative, initiated
legislation to make that move. It became quite
controversial and died, but the issue -- the issue
remains and discussions continue but outside of a
legislative context.

MS. EGONMWAN: Thank you, Madam Chair.
CHAIRPERSON ORGAIN: All right. Thank you
very much, Kim.

Dr. Orgain speaking.

And we'll move the agenda now to the rules
committee, Rev. David McCurdy.

REV. MCCURDY: Okay. Well, as you can see
from the list, your rules committee, for better or for
worse, was not inactive during this period when the
full board did not meet. In fact, we met three times:
twice in February and then again in May. And
particularly in the February meetings, we had a boat
load of rules. One was 175 pages long, which you have
received.

And as Dave Carvalho indicated, what we --
the procedure we followed, essentially, was to discuss
the rules, provide input to the staff of the
department around the rules, and then answer the
question informally did we have objections, either the members and the former members who were present, to forwarding this -- or to the discussion that would then bring it to the full board's attention. So the answer to all those was they are now brought to your attention.

You probably have seen the minutes of our three meetings. The two February meetings discussed the first seven rules, essentially, and then the May meeting discussed the last two but also returned on one item to a couple of the other rules. So they've had plenty of vetting in one way or another.

Now, how to proceed with 40 minutes or so left in our time -- not even 40 minutes, a half hour. The suggestion has been made let's start with the shorties first and see where that takes us. And, again, as was the case with the rules committee, something pretty similar would be true for the board; namely, this is no longer a matter of formal action by a quorum of the board to forward to the Joint Committee on Administrative Rules but rather informally, again, to provide input to the department. And my understanding is the department is able to bring that to JCAR even without a formal action by a
quorum of the board. Would that be fair so say?

MR. CARVALHO: Actually, upon reflection, we decided that that might not be the way to go, and so what we would propose doing is for you to have as wholesome of a conversation now as you might have since you've read the rules now anyway, and then perhaps call a quick special meeting as soon as your appointments are submitted so that you can take formal action but perhaps without the need for a long conversation since you will have already had that.

REV. MCCURDY: Right. So, in this case, we discuss until we're done, and then we go on to the next one. That's what I hear.

So let's begin at the beginning, at least in this case, because this is one of the short ones, the Newborn Metabolic Screening and Treatment Code. Now, for these, again, if we have input from folks in Springfield, that will take some time. Is it the pleasure of the group to go ahead and still have that? Probably wouldn't hurt.

Okay. So whoever is in Springfield who would speak to this, please proceed.

MS. MOODY: Good morning. This is Conny Moody with the Office of Health Promotion, and this
rule-making -- this rule-making is necessary because
in 2012 two disorders were added to our legislative
mandate for newborn screening testing, and those were
MPS I and MPS II, Hurler's syndrome and Hunter's
syndrome. And as indicated in the draft rule, these
two syndromes are added to the list of lysosomal
storage disorders category in our newborn screening
requirements.

REV. MCCURDY: Thank you, Conny.

Any discussion/comments that anybody who
is here at the meeting wishes to add?

If we don't hear any on a particular rule,
we'll move right on to the next one. So here's your
chance.

CHAIRPERSON ORGAIN: This is Dr. Orgain.

This is a lot of information.

REV. MCCURDY: Yes.

CHAIRPERSON ORGAIN: A lot of information.

And so you'll still have an opportunity to comment at
a later point but please take this opportunity in this
interim period before we have the call meeting or the
next meeting to review. It's a lot of information.

REV. MCCURDY: It is indeed.

MR. CARVALHO: And this Dave Carvalho.
Especially because, if there's something that you -- you would like to see changed, it gives our staff an opportunity to do that before your next meeting.

REV. MCCURDY: Okay. Then hearing no response on the first rule, I propose we move on to the Child Health Examination Code, and who in Springfield will speak to that, please?

MS. FINLEY: This is Carol Finley.

Changes made to these rules were to bring our existing rules more into alignment with the CDC's immunization practices committee, and the changes specific within these rules would add for preschool attendees pneumococcal vaccination so that they could avoid invasive pneumococcal disease; a second dose of mumps-containing and a second dose of rubella-containing vaccination for all students attending school; and for students entering grades kindergarten, sixth grade, and ninth grade, a second dose of varicella vaccination.

REV. MCCURDY: So, Carol, this is Dave McCurdy.

Just one other item I would like you to address, and that is this rule, along with the Code
693 that we'll look at shortly, the Immunization Code, was brought back to the rules committee from our gathering in May.

Would you comment a bit on the reason for that occurring.

MS. FINLEY: That was 695 that was brought back. 69 --

REV. MCCURDY: I'm sorry. Well, then, never -- okay. Go ahead.

MS. FINLEY: But these -- these two rules are kind of -- very much mirror each other. One is specific to a child care and licensed day care and preschool population where the other one focuses on school populations. But those two kind of segue between. So we have two rules addressing similar populations.

They were brought back because we had earlier this year extracted the varicella component that looked at a second dose of varicella. Because the way the rule was originally proposed to the board of health was for all students entering school to have a second dose of varicella, and we saw that as potentially burdensome to parents, to schools, to providers.
And so we took that back to our advisory committee who recommended that we just utilize the mileposts when kids have to have physicals administered at grades kindergarten, sixth grade, and ninth grade, and that's what we brought back to you for this meeting.

REV. MCCURDY: Thank you.

I thought it might be important background for us to be aware of that.

Any discussion by -- any comments by members and former members on this rule?

Then we'll proceed, and in line with, I think, good advice, we're going to skip the -- for the moment the 693, the Control of Sexually Transmissible Diseases, because it's one of the lengthier rules, and we'll go on to 695, the Immunization Code. And I imagine, Carol, you'll probably be speaking to this one also.

MS. FINLEY: And same information I just provided is dittoed on this. 665 and 695 mirror each other.

REV. MCCURDY: Any comments by those attending on this one?

We got to use this structure more often.
Now, the next one, Structural Pest Control, 83 -- Illinois Administrative Code 830. That's about -- little less than 30 pages. I think we'll go ahead and take that one up, and so whoever would speak to that, please do so.

MR. COLWELL: All right. This is Curt Colwell.

Most of the rules pertinent to the structural pest control here revolve around procedure for certification and licensing of pest control businesses and technicians.

Some of the highlights of the rules would be revolving around the state regulations for integrated pest management in schools and licensed day care centers, which require them to essentially adopt an integrated pest management program in their facilities to ensure proper pest control and minimizing exposure of pesticides to children.

One of those requirements for some of those facilities would be to attend a six-hour training seminar on integrated pest management that presently the department is in charge of putting on. The rule would now allow the department to approve other entities to put on those IPM training seminars.
Some of the other things would be to allow the department to actually impose fines on public schools and day care centers that have not complied with the state integrated pest management regulations. And that's -- that's really the gist of the rules for structural pest control. Some minor things, again, about licensing and certification. Reciprocity, that is, the granting of licenses -- state certification, that is -- to certified persons in other states. This rule would provide for -- to exclude Illinois residents from receiving reciprocity. And that's essentially what I have to say.

REV. MCCURDY: Okay. Thank you.

Any comments from members on this particular rule?

Actually, I do have one question. And that is, on page 18 of this draft, at the top of the page, letter (c), stricken is the sentence that says, "An individual must attend all classroom portions pertaining to the seminar in order to receive credit." I just want to be sure that that strike-out is correct, that that should be stricken.

UNIDENTIFIED: What number?

MR. COLWELL: Yeah.
REV. MCCURDY: It's on A30.640, I believe it is, letter (c).

MR. COLWELL: I believe that that is stricken because it was placed in another part of the rules although I can't refer to that.

REV. MCCURDY: Okay. I was realizing that might be the case. Okay. And I know you all would check on that if there was an issue.

MR. COLWELL: Sure.

REV. MCCURDY: Any other comments?

Then I suggest that we proceed to -- thank you, everybody -- to Laboratory Service Fees, and this is 77 Illinois Administrative Code 475. And could somebody speak to that one, please.

MR. JOHNSON: Yes. This is Bernard Johnson. I'm the lab director for the public health laboratories.

This rule is actually an attempt to bring up from 1996 calculations of our costs to current costs for doing laboratory testing. The laboratory testing that is described here is not required, but we offer it either to meet program regulatory needs or for surveillance data. Some of the community-based organizations and also local health departments
receive funds to do further testing, and they use our laboratories because it's more cost effective than some private laboratories -- most private laboratories.

So what we're really doing is updating the cost. It was necessary because our dwindling resources require that we either recover the cost entirely or begin to do less testing, and that would not serve our programs.

We're also deleting tests that are no longer needed either because there's just no demand for them or because we cannot maintain the staffing to offer them with all the quality assurance.

That was my comments. Do you have any questions?

REV. MCCURDY: Indeed, any questions or comments?

Then let us proceed, and, again, I'm going to skip over a rather lengthier rule, the one about asbestos, 176 pages. We'll return to that one. Don't think we're off the hook for that.

The Pregnancy Termination Report Code, Illinois Administrative Code 505, and would somebody speak to that, please?
MS. FABIAN: Yes. This is Claudia Fabian from vital records.

The most important thing to bring up is that we created a form that has always been missing, and it had to do with reporting complications of an abortion performed. So there is a definition for complications that we added. We created the report, and we believe this will comply. We put the deadlines and the timing for reporting.

And that's basically it. This is what we did with this rule.

REV. MCCURDY: David Carvalho has a comment, I believe.

MR. CARVALHO: This is Carvalho.

The context for this for you -- because you may be wondering how does something like this come up. The Illinois law has long had a requirement that the instance of an abortion be reported on a form to the department, and litigation about that law led to a consent decree where the parameters about what would and wouldn't be collected is set forth and then what can and can't be shared regarding those data is set forth. So, as you might imagine, it's all very confidential, and we're very limited in what we
release to the public.

In connection with a newspaper story last year, we noticed an oversight, which was, after that law was passed and after the litigation around that law was passed, an addition was added to the law requiring reporting of complications associated with abortions. The existing form had collected information, I believe, regarding complications that the provider himself or herself was familiar with, but the statute was seeking to make sure that information that other providers thereafter might detect -- such as in an emergency room or in a follow-up visit at another provider.

So that was a hole that we wanted to plug, and, as Claudia said, we developed a form to address that and put it into the code. And so that's the reason why this comes up now -- is to plug that hole that had been an oversight.

REV. MCCURDY: So just to be clear, each pregnancy termination is reported, and then, in addition, complications are reported as they arise.

MS. FABIAN: Correct.

MR. CARVALHO: That will be the result when this is fully implemented, yes.
REV. MCCURDY: Any discussion/comments anybody would like to make on this rule?

Hearing none, I propose that we move on. We have one more of the rather briefer rules, and this is the Physical Fitness Facility Medical Emergency Preparedness Code although it has one of the longer names, and somebody want to comment on that in Springfield? I believe we may have some discussion on this one.

MS. ATTEBERRY: Hi. This is Paula Atteberry from EMS and Highway Safety, and these rules -- these proposed rules are being -- are --

REV. MCCURDY: Paula, could you speak up just a bit?

MS. ATTEBERRY: Sorry. Okay. Can you hear me now?


MS. ATTEBERRY: Okay. These rules are being amended to implement Public Act 96-1268, which will required a trained AED user during business hours.

So while we had this open, we did some technical cleanup. We changed our address, and, also, during the committee earlier, the Board of Health
REV. MCCURDY: Okay. So is there any discussion on this rule?

MS. SANDERS: I have a number of questions, and I'm not sure that they're specific to this particular change in rule but relative to the Act and the whole concept of --

REV. MCCURDY: Could you identify yourself?

MS. SANDERS: I'm sorry. Babette Sanders. I have a couple of questions relative to the Act itself and would be -- if so directed, I can try and go back and get the information.

But one of the questions that I had about having somebody who is trained using the AED available during staffed hours. Given the number of smaller facilities that have direct access that are cropping up -- excuse me -- where they are unstaffed during a large part of their available hours, I'm wondering is there a minimum number of hours that those facilities must be staffed.

And then is there any sort of provision
regarding truth in advertising, so to speak, so that a member -- somebody who is selecting to exercise there might understand that there is no one staffing the facility who might be trained in the use of an AED in terms of selection where they work out?

I can think of my own family. For an example, we have a facility very close to our house where access is by key card. I might be very happy to have my 25-year-old healthy son exercise there. I might be less happy to have somebody who has other comorbidities exercise in an unsupervised environment.

And do we have any provisions relative to some of those issues?

MS. ATTEBERRY: Let me just start by saying, when this bill was changed -- has been changed probably four or five times. One of the changes did state that there would be a trained AED user at all times. Then --

MR. CARVALHO: Can I make a suggestion?

MS. ATTEBERRY: Yes.

MR. CARVALHO: This is Dave. Can you look at the microphone instead of us? Because I know it's polite to look at us, but we can't hear you. If you look at the microphone, it
will probably work better.

MS. ATTEBERRY: Absolutely.

This bill has -- or this -- yeah, this law has been changed several times. And about a year or two ago the bill was changed to require a trained AED user during -- just at all times. Then all the constituents of all these Snap Fitness, whatever you want to call it, latch key -- they all complained, contacted their legislators, and thus this act was created so that there would not have to be an AED user there at all times.

So -- and in answer to the other question about having any advertisement or any law that requires these places to say you are on your own accord if something happens, no, there is not.

What I tell people, when they call me, is that that is a choice that you have to make. You either pay a little bit more and go to the -- you know, I can only name, you know, fitness clubs that while they are open and available do have trained AED users, or you can go to one of these latch-key facilities.

So I hope that answers your question -- questions.
MS. SANDERS: Thank you. That helps me.

I guess that I have concerns about those provisions, and perhaps at another time we could consider those from a public health protection.

MS. ATTEBERRY: Well, I agree. I agree with you. I have concerns too, but then it was changed. We changed it once, and then it got changed because of constituents.

REV. MCCURDY: Would such a change be --

this is Dave McCurdy.

Would such a change be possible under the current legislation?

MS. ATTEBERRY: Do you mean changing it back the way it was? I'm not quite sure what you're asking.

REV. MCCURDY: The concern that is being raised by Dr. Sanders -- is it one that could be accommodated and still be in compliance with current statute?

MR. GUNN: This is Jonathan Gunn.

If the change that you're contemplating is us requiring via rule some warning sign or something like that --

REV. MCCURDY: Right.
MR. GUNN: -- I think that would probably take us a little beyond the scope of the statute. And I don't think that would be, you know, within the realm of reasonable under the rule. We could press that, but we're likely to take some fire.

I guess what I'm saying is we would be stretching a long way to have a rule that says, for those facilities that aren't -- don't have a trained user during all business hours and that during -- that they must place a sign up, you know, we could theoretically go that route, but we'd be stretching a bit.

REV. MCCURDY: Right. Okay. Well, I think that's something to be considered for future discussion, since at least it's possible, and have future discussion on this rule. So I'm sure this will be duly noted by you all in Springfield, and we appreciate that.

Now, it's about ten minutes to 1:00. I'm sorry. I was going to suggest to Dr. Orgain perhaps we might want to consider the one -- the rule on sexually transmissible diseases and then conclude that one. That probably will use up our meeting time, and postpone further discussion of the asbestos rule until
such time as we might actually have a chance for the
formal action by the group. Does that seem
reasonable?

CHAIRPERSON ORGAIN: Reasonable.

REV. MCCURDY: Agreeable to the -- we in
the rules committee, I'm sure, would be okay with
that, but if that's agreeable informally with the
group, I think that's what we'll do.

Let's go ahead then and turn our attention
to the rule on sexually transmissible diseases, and
that is Control of Sexually Transmissible Diseases,
Illinois Administrative Code 693.

MR. ZIMMERMAN: Rich Zimmerman, STD
section chief.

This administrative code was in dire need
of updating. Laboratory technology has changed. Some
of the federal guidelines from the Center for Disease
Control on managing sexual partners and contacts --
the recommendations needed to be updated.

So basically the rules as a set were
updated to be more in line with some of the national
recommendations and some of the new testing
technologies that need to be reported.

REV. MCCURDY: Discussion of this rule.
CHAIRPERSON ORGAIN: Dr. Orgain.

I think that it's going to be important again -- because these are so lengthy -- to remind everyone, if you haven't had a chance to go through in depth and have any comments, that you do so, particularly since it's been sent to you electronically. You can make some sticky notes for wherever you want to have your questions.

Karen.

Ms. Phelan: I just had a question. Is this a rule that we had gone through in our committee?

Rev. McCurdy: Oh, yes. All of them are. Yeah.

So one question I wanted to make sure we were clear on was there was an issue that arose in our informal discussion and the rules committee about social security numbers. And I may have misunderstood, but on page 12 of the rule as we have it, at the bottom of page 12, under letter (a) --

Ms. Phelan: In what section?

Rev. McCurdy: Well, I don't know the number. I'm only looking at the page.

So 693.30, Reporting, and then under 3(a), on page 12, it says, "The individual's name, social
security number," et cetera.

My understanding was we were going to see about reverting to the four digits -- last four digits of the social rather than the full social security number. Did I miss that?

MR. ZIMMERMAN: No. I think Susan Meister took some notes.

UNIDENTIFIED: Is she not there?

MR. ZIMMERMAN: No. She's on vacation. She's on vacation at this time.

UNIDENTIFIED: Please tell her we missed her.

REV. MCCURDY: Okay. Well, anyway, if you all would take that under advisement, that would probably be useful.

MR. ZIMMERMAN: I think -- I think -- Cleatia just sent me the updated 693, and they did add -- on page 12, instead of the last four digits, they did add social security number, which would be the complete number.

REV. MCCURDY: And I thought that -- I thought we were discussing that the better practice would be the last four digits since we were going to have the person's name rather than a code.
MR. ZIMMERMAN: Christine Hoffman is here from the HIV/AIDS section, and she works in the surveillance unit. Do you want to give some background on why that's used?

MS. HOFFMAN: We use a social security number to identify duplicate cases within the system and not only within Illinois but also, when we are cleaning the federal database for HIV/AIDS cases, sometimes the only way we know if somebody is the same person or a different person is by the social security number.

We also use that as a matching tool for other databases, very similar to what Mary Driscoll had explained a little earlier today.

And, also, another thing we use this for is not only for de-duplication but we have people in our registry that have a lot of aliases, and so sometimes the only way we can determine whether they're the same person is through the social security number.

MR. ZIMMERMAN: So are you saying the four digit or the complete number would be better?

MS. HOFFMAN: The complete digit is the most useful to us.
MR. CARVALHO: This is Dave Carvalho.

Could I suggest that we revisit this internally as to what -- because I believe -- and I don't want to practice law here. I believe there is a state law that really asks us to only ask for social security if we absolutely have to.

You may have heard earlier in the session we talked about how we, in the discharge data set, concluded we only needed the last four digits. If you've got the name and you've got the birthday and you've got the address, you know, the last four digits would work.

So why don't we, as a courtesy to this board, at the next meeting tell them whether we've revisited this or not and concluded that we really do need it or not. Everything you said sounded perfectly valid, but I think that the uncomfortableness the board has with it, we owe it to them to come back with we've checked it out and, yes, we really need it.

MS. HOFFMAN: I'd just like to make one more comment, and, that is, on January 1, 2006 -- prior to that, when HIV was reported by a code, we did only get the last four digits of the social security number, and as of January 1, 2006, we started
collecting the full social security number. And so
using it -- just the last four versus the full social
there was a big difference on how helpful it was.

MR. CULP: This is Dave Culp.

So, Dave, I totally agree. So we'll get
together with our appropriate sections as well as
yourself and do that internally and report back at the
next board meeting. Good suggestion.

MR. CARVALHO: Dave Carvalho here.

I don't think that the board is asking you
to change it. They're asking you to just revisit it
and let them -- give them that comfort level that
you've done that.

MR. ZIMMERMAN: Okay. We'll do that.

REV. MCCURDY: I think that would be a
fair statement of my intent in asking the question,
yes.

One other thing that I should mention to
everybody on the board is that also, at the request of
the rules committee, a draft of a letter that's
mentioned, an HIV surveillance letter that's sent to
health care professionals, was distributed to us on
the rules committee. And I'm guessing maybe that
would be something that might be useful for the full
board to have a look at also, if that would be agreeable to Rich Zimmerman, who I believe wrote -- sent us the letter.

MR. ZIMMERMAN: Well, I was -- I was instrumental in --

REV. MCCURDY: -- the draft that's emerging.

MR. ZIMMERMAN: I was instrumental in getting the letter. It came from the HIV/AIDS section.

REV. MCCURDY: Uh-huh. Okay. Would you be agreeable with sharing that, do you think?

MS. HOFFMAN: Yes. Absolutely.

REV. MCCURDY: With the board?

MR. ZIMMERMAN: Definitely.

REV. MCCURDY: So we can see what's in view?

MS. HOFFMAN: Correct. Yeah. We'd be glad to.

REV. MCCURDY: Okay. Because that might be also something people would have some thoughts about.

So any other comments on this rule?

Then we have reviewed all the rules but
one within the scope that's available to us in our current constitution, and so thank you, everybody. Thanks for your flexibility. Thanks to all of you in Springfield. We got a lot of work done. We have the asbestos code still to have a look at when we gather again.

CHAIRPERSON ORGAIN: Are there any announcements? Any additional business? Anything that you'd like to share with the board?

If not, then I absolutely thank you again for your participation but to do, as a reminder, is to get your comments to David Carvalho in regards to our bylaws within the next month. Take a look at the rules. Should you have any comments, sticky note them for future reference. Even the ones that we've done as well as the asbestos. And have a great summer, and we'll have an additional comment from David Carvalho.

MR. CARVALHO: A suggestion, Madam Chair.

Would it be helpful to you if the committee members express to you their interest in committees?

CHAIRPERSON ORGAIN: Okay.

MR. CARVALHO: Because you have that on the agenda for the next time and --
CHAIRPERSON ORGAIN: And so -- and so if you didn't hear, if you have an interest -- a committee interest, you can send that to me.

And thanks, everybody, for reporting and enjoy the summer.

MR. CARVALHO: On behalf of the department, thanks especial -- all of you, but thanks especially to those of you who are nonmembers and yet went through all these rules, all this time, and came to these meetings without compensation or reimbursement. So we are certainly in your debt.

Thank you.

REV. MCCURDY: I think it's a great cost control strategy.

CHAIRPERSON ORGAIN: We are officially adjourned if there are no objections.

(Meeting adjourned at 1:00 P.M.)
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
<p>| Page 98 |
|-------------------|-------------------|-------------------|-------------------|
| check 76:8 | checked 90:19 |
| CHIARPERS... 61:10 |
| Chicago 1:8 3:1 3:2,3,4,9,10 3:10,16 24:10 26:16 29:16,16 63:5 |
| chief 23:9 26:14 54:12 86:14 |
| childhood 52:3,5 52:8 |
| children 34:5 74:18 |
| choice 83:17 |
| Christie 5:10 |
| Christine 3:12 34:18 35:7 89:1 |
| cigarette 65:15 |
| citizen 17:5 17:26 |
| citizens 10:8 10:10 |
| city 63:5 |
| clarify 47:22 |
| classroom 75:19 |
| Claudia 3:15 5:14,24 78:1 79:15 |
| cleaning 89:8 |
| cleanup 80:23 |
| clear 79:19 |
| 87:15 |
| Cleatia 3:18 54:10 88:17 |
| clients 66:18,19 |
| climate 56:12 57:14 |
| close 19:15 82:7 |
| closely 11:11 |
| clubs 83:19 |
| coalesce 43:17 |
| Coalition 66:21 |
| 72:1 73:16 |
| 93:5 codified 11:5 |
| 80:24 81:1 86:6 87:11,16 91:20,23 93:20 |
| 94:3 committees 16:12 48:10,14 93:21 |
| 36:36 18:10 17:9 79:17 |
| commented 37:6 comments 8:20 14:16 21:13 38:3 48:18 |
| 49:20 73:10,22 75:14 76:10 77:14 17:8,5 92:23 93:12,14 |
| Commercial 2:11 commissioner 11:10,11 committee 2:3,5 2:21 11:3 16:11 |
| 80:24 81:1 86:6 87:11,16 91:20,23 93:20 94:3 committees 16:12 48:10,14 |
| contracted        | 39:19 |
| contractors       | 55:15 |
| control           | 2:7,9 |
|                  | 40:18 73:14 |
|                  | 74:2,9,10,17 |
|                  | 75:6 86:11,18 |
|                  | 94:14 |
| controversial     | 67:4 |
| conversation      | 69:5,10 |
| Cook              | 3:13 5:2,2 |
| coordinate        | 43:12,18 |
| coordination      | 39:11,17 41:17 |
|                  | 42:17 43:4,10 |
| copy              | 49:7 |
| correct           | 75:22 |
|                  | 79:22 92:18 |
| corrections       | 8:3 |
| cost              | 77:2,6,7 |
|                  | 94:13 |
| costs             | 76:19,20 |
| cough             | 61:13 |
| council           | 41:17,19 |
|                  | 41:24 42:11,15 |
|                  | 43:4,11,17,19 |
|                  | 44:21 46:4,9 |
|                  | 46:12,15,16 |
| counsel           | 48:4,17 |
|                  | 95:11,15 |
| country           | 57:7 |
|                  | 63:22 |
| county            | 11:12 |
|                  | 13:17 24:9 |
|                  | 95:4 |
| couple            | 16:19 |
|                  | 18:20 47:10,12 |
|                  | 68:11 81:13 |
| course            | 21:14,21 |
|                  | 22:19,21 34:17 |
|                  | 42:12 53:1 |
|                  | 55:1,2,5 |
| court             | 3:20 6:13 |
|                  | 7:13 9:12,18 |
| 14:21 15:4,11    | 20:15 23:2,7 |
|                  | 23:10 27:15 |
|                  | 28:16,18,20 |
|                  | 29:3 |
| courtesy          | 90:13 |
| covered           | 22:8 |
| co-chair          | 7:4 |
| Co-Chairperson    | 3:2 |
| create            | 50:11 |
| created           | 52:17,19 |
|                  | 66:16 78:4,7 |
|                  | 83:10 |
| creating          | 50:10 |
| creation          | 66:15 |
| credit            | 75:20 |
| cropping          | 81:19 |
| CSR               | 3:21,21 |
| Culp              | 3:11 6:5,5 |
|                  | 34:14,14 91:4 |
|                  | 91:4 |
| cumbersome        | 50:12 |
| current           | 16:22 |
|                  | 20:7 29:18 |
|                  | 45:9 46:4 53:8 |
|                  | 76:19 84:12,18 |
|                  | 93:2 |
| currently         | 17:4,6 |
|                  | 38:10 50:3 |
|                  | 51:6 52:1,14 |
|                  | 60:3,7 |
| Curriculum        | 57:5 |
| Curt              | 3:12 5:6 |
|                  | 74:6 |
| cycle             | 45:5 |
| D                | 2:1,8 |
| daddy             | 11:21 |
| data              | 23:21 24:4 |
|                  | 24:6,19,24 |
|                  | 25:5,20,21 |
|                  | 26:14,20 27:7 |
|                  | 27:7 32:17 |
|                  | 33:9,13,13,14 |
| 33:21 34:3,5     | 34:17,22 38:6 |
|                  | 38:13,15 39:22 |
|                  | 76:23 78:22 |
|                  | 90:8 |
| debt              | 94:11 |
| December          | 2:2 |
|                  | 8:1 16:11,14 |
|                  | 50:7 |
| decide            | 39:7 |
| decided           | 69:3 |
| decision          | 63:15 |
| decisions         | 22:19 |
| decree            | 78:20 |
| deeply            | 41:22 |
| define            | 13:9 |
| definitely        | 35:24 |
| definitely        | 66:4 92:15 |
| definition        | 40:20 |
|                  | 40:20,21 42:22 |
|                  | 44:2 78:6 |
| delay             | 19:13 |
| delegated         | 58:13 |
| deleting          | 77:10 |
| delighted         | 63:21 |
| delivered         | 46:10 |
| delivery          | 46:10 |
| demand            | 77:11 |
| department        | 1:2 |
|                  | 3:9 6:22 10:11 |
|                  | 13:10 21:9 |
|                  | 33:1 44:21 |
|                  | 54:12,17 55:9 |
|                  | 57:4 58:19 |
|                  | 59:5 60:2 |
|                  | 62:19 63:1,2 |
|                  | 63:13,17 64:13 |
|                  | 64:17 66:3,11 |
|                  | 66:11,12,15,16 |
|                  | 67:1,24 68:22 |
|                  | 68:23 74:22,23 |
|                  | 75:2 78:19 |
|                  | 94:7 |
| departments       | 9:10,21 10:9 |
|                  | 12:22 26:15 |
|                  | 32:9,14,18 |
|                  | 34:7 51:20 |
|                  | 58:14,15 63:4 |
|                  | 76:24 |
| depending         | 30:12 |
| depth             | 87:5 |
| described         | 76:21 |
| design            | 55:12 |
| desk              | 45:7 65:3 |
| detail            | 66:2 |
| detect            | 79:11 |
| determinants      | 24:13 |
| determine         | 43:22 |
|                  | 89:18 |
| detrimental       | 57:14 |
| develop           | 42:7 |
|                  | 44:7 45:2,10 |
|                  | 59:5 |
| developed         | 26:16 |
|                  | 79:15 |
| development       | 32:11 44:23 |
| de-duplication    | 89:16 |
| DHS               | 53:1 |
| diabetes          | 40:16 |
| diagnosed         | 59:9 |
|                  | 59:11 |
| dictate           | 43:12 |
| dictating         | 43:20 |
| die               | 56:13,14 |
| died              | 67:4 |
| difference        | 91:3 |
| different         | 16:18 |
|                  | 28:6 42:20 |
|                  | 56:14 57:22 |
|                  | 89:10 |
| difficult         | 44:24 |
|                  | 58:18 |
| difficulty        | 63:8 |
| DIG               | 38:8 |
| digit             | 89:22,23 |
| digits            | 25:13 88:3 |
|                  | 88:3,18,23 |
|                  | 90:9,11,23 |
| dire              | 86:15 |
| direct            | 8:23 |
|                  | 13:14 81:19 |
| directed          | 63:4,6 |
|                  | 81:14 |
| direction         | 31:15 |
|                  | 95:11 |</p>
<table>
<thead>
<tr>
<th>Page 106</th>
<th>MEETING 6/14/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>64:19</td>
<td>long 37:2 66:23</td>
</tr>
<tr>
<td>65:14</td>
<td>67:19 69:9</td>
</tr>
<tr>
<td>78:16</td>
<td>78:17 85:7</td>
</tr>
<tr>
<td>84:23</td>
<td>longer 17:16</td>
</tr>
<tr>
<td>93:9</td>
<td>65:11 68:19</td>
</tr>
<tr>
<td>liked</td>
<td>77:11 80:6</td>
</tr>
<tr>
<td>likely</td>
<td>long-term 51:11</td>
</tr>
<tr>
<td>limitations</td>
<td>63:20</td>
</tr>
<tr>
<td>limited</td>
<td>look 8:2 11:15</td>
</tr>
<tr>
<td>line</td>
<td>12:20,21 14:2</td>
</tr>
<tr>
<td>listing</td>
<td>24:5,9,12,21</td>
</tr>
<tr>
<td>litigation</td>
<td>37:22 28:6</td>
</tr>
<tr>
<td>list</td>
<td>29:10,22 30:24</td>
</tr>
<tr>
<td>listening</td>
<td>31:13 34:12,24</td>
</tr>
<tr>
<td>maternal</td>
<td>39:24 48:20</td>
</tr>
<tr>
<td>looked</td>
<td>54:21 72:1</td>
</tr>
<tr>
<td>looking</td>
<td>82:22,23,24</td>
</tr>
<tr>
<td>lot</td>
<td>92:1 93:5,13</td>
</tr>
<tr>
<td>Lottery</td>
<td>48:21 72:17</td>
</tr>
<tr>
<td>low</td>
<td>10:4,5,9 11:10</td>
</tr>
<tr>
<td>lives</td>
<td>21:16 22:12</td>
</tr>
<tr>
<td>living</td>
<td>30:9 50:12</td>
</tr>
<tr>
<td>load</td>
<td>51:10 74:3</td>
</tr>
<tr>
<td>local</td>
<td>83:18 85:2</td>
</tr>
<tr>
<td>locally</td>
<td>89:14</td>
</tr>
<tr>
<td>lives</td>
<td>27:1 56:14</td>
</tr>
<tr>
<td>living</td>
<td>63:11</td>
</tr>
<tr>
<td>living</td>
<td>63:10</td>
</tr>
<tr>
<td>local</td>
<td>67:19</td>
</tr>
<tr>
<td>local</td>
<td>9:2,15</td>
</tr>
<tr>
<td>local</td>
<td>10:14 11:19</td>
</tr>
<tr>
<td>listing</td>
<td>12:2       21:16</td>
</tr>
<tr>
<td>listing</td>
<td>22:12   30:9</td>
</tr>
<tr>
<td>listing</td>
<td>50:12  51:10</td>
</tr>
<tr>
<td>listing</td>
<td>74:3     83:18</td>
</tr>
<tr>
<td>listing</td>
<td>85:2     89:14</td>
</tr>
<tr>
<td>living</td>
<td>27:1     56:14</td>
</tr>
<tr>
<td>living</td>
<td>63:11    63:10</td>
</tr>
<tr>
<td>load</td>
<td>67:19    94:10</td>
</tr>
<tr>
<td>local</td>
<td>9:4,10,20</td>
</tr>
<tr>
<td>local</td>
<td>10:4,5,9 11:10</td>
</tr>
<tr>
<td>locals</td>
<td>11:10 12:13,21</td>
</tr>
<tr>
<td>locals</td>
<td>32:8,18 34:6</td>
</tr>
<tr>
<td>locals</td>
<td>34:11 51:19</td>
</tr>
<tr>
<td>locally</td>
<td>58:14,14 76:24</td>
</tr>
<tr>
<td>locally</td>
<td>10:5     33:2</td>
</tr>
<tr>
<td>logged</td>
<td>4:2      58:12</td>
</tr>
<tr>
<td>logistically</td>
<td>58:12</td>
</tr>
<tr>
<td>long</td>
<td>37:2     66:23</td>
</tr>
<tr>
<td>list</td>
<td>56:6     67:14</td>
</tr>
<tr>
<td>listing</td>
<td>10:17    60:4</td>
</tr>
<tr>
<td>listing</td>
<td>58:19    59:19,21</td>
</tr>
<tr>
<td>litigation</td>
<td>32:22  78:19</td>
</tr>
<tr>
<td>list</td>
<td>78:19    79:4</td>
</tr>
<tr>
<td>little</td>
<td>9:2,15   10:14</td>
</tr>
<tr>
<td>little</td>
<td>11:19    21:16</td>
</tr>
<tr>
<td>little</td>
<td>22:12    30:9</td>
</tr>
<tr>
<td>little</td>
<td>50:12    51:10</td>
</tr>
<tr>
<td>little</td>
<td>74:3     83:18</td>
</tr>
<tr>
<td>little</td>
<td>85:2     89:14</td>
</tr>
<tr>
<td>living</td>
<td>63:11    63:10</td>
</tr>
<tr>
<td>living</td>
<td>67:19    94:10</td>
</tr>
<tr>
<td>load</td>
<td>9:4,10,20</td>
</tr>
<tr>
<td>load</td>
<td>10:4,5,9</td>
</tr>
<tr>
<td>load</td>
<td>11:10</td>
</tr>
<tr>
<td>load</td>
<td>12:13,21</td>
</tr>
<tr>
<td>load</td>
<td>32:8,18</td>
</tr>
<tr>
<td>load</td>
<td>34:11</td>
</tr>
<tr>
<td>load</td>
<td>51:19</td>
</tr>
<tr>
<td>load</td>
<td>58:14,14</td>
</tr>
<tr>
<td>load</td>
<td>76:24</td>
</tr>
<tr>
<td>local</td>
<td>9:4,10,20</td>
</tr>
<tr>
<td>local</td>
<td>10:4,5,9</td>
</tr>
<tr>
<td>local</td>
<td>11:10</td>
</tr>
<tr>
<td>local</td>
<td>12:13,21</td>
</tr>
<tr>
<td>local</td>
<td>32:8,18</td>
</tr>
<tr>
<td>local</td>
<td>34:11</td>
</tr>
<tr>
<td>local</td>
<td>51:19</td>
</tr>
<tr>
<td>local</td>
<td>58:14,14</td>
</tr>
<tr>
<td>local</td>
<td>76:24</td>
</tr>
<tr>
<td>long</td>
<td>37:2</td>
</tr>
<tr>
<td>list</td>
<td>56:6</td>
</tr>
<tr>
<td>listing</td>
<td>10:17</td>
</tr>
<tr>
<td>listing</td>
<td>58:19</td>
</tr>
<tr>
<td>listing</td>
<td>59:19,21</td>
</tr>
<tr>
<td>litigation</td>
<td>32:22</td>
</tr>
<tr>
<td>list</td>
<td>78:19</td>
</tr>
<tr>
<td>little</td>
<td>9:2,15</td>
</tr>
<tr>
<td>little</td>
<td>10:14</td>
</tr>
<tr>
<td>little</td>
<td>11:19</td>
</tr>
<tr>
<td>little</td>
<td>21:16</td>
</tr>
<tr>
<td>little</td>
<td>22:12</td>
</tr>
<tr>
<td>little</td>
<td>30:9</td>
</tr>
<tr>
<td>little</td>
<td>50:12</td>
</tr>
<tr>
<td>little</td>
<td>51:10</td>
</tr>
<tr>
<td>little</td>
<td>74:3</td>
</tr>
<tr>
<td>little</td>
<td>83:18</td>
</tr>
<tr>
<td>little</td>
<td>85:2</td>
</tr>
<tr>
<td>little</td>
<td>89:14</td>
</tr>
<tr>
<td>living</td>
<td>63:11</td>
</tr>
<tr>
<td>living</td>
<td>63:10</td>
</tr>
<tr>
<td>load</td>
<td>67:19</td>
</tr>
<tr>
<td>local</td>
<td>9:4,10,20</td>
</tr>
<tr>
<td>local</td>
<td>10:4,5,9</td>
</tr>
<tr>
<td>local</td>
<td>11:10</td>
</tr>
<tr>
<td>local</td>
<td>12:13,21</td>
</tr>
<tr>
<td>local</td>
<td>32:8,18</td>
</tr>
</tbody>
</table>
regional 12:22
regions 9:22
Register 53:13
Registered 95:5
registry 26:11
relationship 89:17
regulation 64:18
64:19
regulations 74:13 75:4
regulatory 76:22
Reilly 3:13 5:4,4
reimbursement 94:11
related 32:22
95:11
relationship 11:15,16 64:23
relative 32:12
81:8,13 82:12
95:14
relatively 24:4
relaxed 64:6
release 36:13
79:1
relevance 23:16
remains 67:5
Remarks 2:3
remember 43:3
59:23
remind 52:9
87:3
reminder 28:15
51:11 93:11
reminding 15:9
renew 63:16
renewed 64:9
repaired 81:2
repeat 22:7
28:23,24
report 2:3,5,14
13:12 15:20
23:20,23 24:1
24:15,16 27:4
27:18 28:7
29:1 36:14,17
37:1,18,19,21
41:2 46:23
54:24 58:21,22
64:13 77:22
78:7 91:7
reported 27:5
78:18 79:20,21
86:23 90:22
reporter 3:20
6:13 7:13 9:12
9:18 14:21
15:4,11 20:15
23:2,7,10
27:15 28:16,18
28:20 29:3
31:4 95:1,6,6
reporting 26:10
26:11 28:2
32:13 37:13,24
64:17,23 78:5
78:9 79:6
87:23 94:4
reports 37:6
64:15
represent 46:17
representative 14:5 59:14
67:2
Representatives 56:21
request 91:19
require 18:2
21:19 53:9
62:18 64:11
74:15 77:7
83:5
required 44:23
58:21 59:4
63:4,5 76:21
80:20
requirement 36:24 58:22
78:17
requirements 52:6 63:23
70:8 74:19
requires 18:3
83:14
requiring 79:6
84:22
research 28:4,5
28:6 35:20
residency 12:9
resident 57:21
residents 57:23
75:11
resign 18:23
resigning 18:21
resolve 18:21
resource 9:8
10:12
resources 36:21
77:7
respect 30:11
54:14
responding 33:4
response 71:6
responsibility 58:17
responsible 23:19
restaurant 58:16
restaurants 13:19 58:13,20
restore 17:18
result 21:15
79:23
resurface 56:14
retail 58:17
retool 12:20
retooling 13:4
38:4
return 66:10
77:20
returned 68:10
reunited 26:24
Rev 3:2 7:4
14:18 15:6
18:8 19:2
26:24 28:13
45:23 46:13
62:16 67:12,13
69:11 70:9,17
70:23 71:5,21
72:8 73:7,22
75:13 76:1,6
76:10 77:16
78:12 79:19
80:1,13,17
81:4,10 84:9
84:16,24 85:13
86:5,24 87:12
87:21 88:13,21
91:15 92:6,11
92:14,16,20
94:13
revenue 58:11
reverting 88:3
review 47:22
70:22
reviewed 53:2
92:24
reviewing 48:17
48:17
revisions 48:19
49:2
revisit 90:2
91:11
revisited 90:15
revolve 74:9
revolving 63:12
64:7 74:13
Reyes 41:12
re-appointme...19:7
Rich 5:8 86:13
92:2
Richard 3:14
right 15:12 16:1
16:4,7 22:2
23:17 27:12
28:4 33:3,5
35:9 37:23
39:4 41:14
46:1 50:10,18
53:24 54:23
61:17 67:8
69:11 70:13
74:6 84:24
85:13
rights 57:24
road 9:3
Roadmaps 45:17
Robert 45:17
Robin 3:21 95:5
95:21
Robyn 67:2
role 14:5
rolled 52:16
rolling 14:12
room 1:3,6 24:6
51:24 79:12
Rose 56:21
route 85:11
RPR 3:21
rubella 71:16
rule 21:3,3 70:5
70:12 71:6,24
72:20 73:11
74:23 75:10,15
76:18 77:19
78:11 80:2
81:5,8 84:22
85:4,7,16,21
85:24 86:10,24
87:11,18 92:23
rules 2:5 20:8,9
20:19,20,24
21:1 38:24,24
47:6 50:22
51:20 52:4,12
53:18 67:11,14
67:19,23,24
68:9,11,17,21
69:6 71:10,11
71:13 72:2,10
72:15 73:15
74:8,12 75:6
76:5 80:4,12
80:12,18 86:6
86:20 87:16
91:20,23 92:24
93:14 94:9
rule-making 53:8 70:1,1
running 24:7
40:2
Ryan 32:16
34:17
<table>
<thead>
<tr>
<th>S</th>
<th>S 3:22</th>
</tr>
</thead>
<tbody>
<tr>
<td>safety</td>
<td>2:5 5:13</td>
</tr>
<tr>
<td>scratch-off</td>
<td>25 6:12 16 22:23</td>
</tr>
<tr>
<td>Screaming</td>
<td>23:9 64:19 80:11</td>
</tr>
<tr>
<td>Schnack</td>
<td>3:7 18:8 19:3</td>
</tr>
<tr>
<td>scenes</td>
<td>16:15 20:9</td>
</tr>
<tr>
<td>Same</td>
<td>25:16 45:12 55:20 73:19 89:9,19</td>
</tr>
<tr>
<td>Sanders</td>
<td>3:4 7:6</td>
</tr>
<tr>
<td>Says</td>
<td>7:6 17:8 35:17</td>
</tr>
<tr>
<td>saying</td>
<td>37:10 38:19</td>
</tr>
<tr>
<td>Sahloul</td>
<td>2:11 3:7 18:8</td>
</tr>
<tr>
<td>school-based</td>
<td>52:24</td>
</tr>
<tr>
<td>Schroeder</td>
<td>3:19 5:16,16</td>
</tr>
<tr>
<td>Science</td>
<td>28:1</td>
</tr>
<tr>
<td>scope</td>
<td>85:2 93:1</td>
</tr>
<tr>
<td>Scratch-Off</td>
<td>59:21</td>
</tr>
<tr>
<td>Screaming</td>
<td>37:23</td>
</tr>
<tr>
<td>Scrubbed</td>
<td>25:10</td>
</tr>
<tr>
<td>scrutinized</td>
<td>19:11</td>
</tr>
<tr>
<td>Second</td>
<td>10:3 43:14 53:16 71:15,16,19 72:19,22</td>
</tr>
<tr>
<td>Section</td>
<td>5:9,11 51:9 86:14 87:20 89:2 92:10</td>
</tr>
<tr>
<td>Sections</td>
<td>91:6</td>
</tr>
<tr>
<td>sectors</td>
<td>47:17</td>
</tr>
<tr>
<td>Secure</td>
<td>18:13</td>
</tr>
<tr>
<td>Security</td>
<td>25:9,13</td>
</tr>
<tr>
<td>serve</td>
<td>10:2,19</td>
</tr>
<tr>
<td>served</td>
<td>18:22</td>
</tr>
<tr>
<td>shown</td>
<td>57:19</td>
</tr>
<tr>
<td>show</td>
<td>57:19,19:18 72:1</td>
</tr>
<tr>
<td>Shows</td>
<td>36:14</td>
</tr>
<tr>
<td>Shows</td>
<td>30:13</td>
</tr>
<tr>
<td>Shuffles</td>
<td>23:11</td>
</tr>
<tr>
<td>sic</td>
<td>40:5</td>
</tr>
<tr>
<td>side</td>
<td>20:5</td>
</tr>
<tr>
<td>sign</td>
<td>84:22 85:10</td>
</tr>
<tr>
<td>signed</td>
<td>4:2 65:10 65:15,16,22,23</td>
</tr>
<tr>
<td>signing</td>
<td>56:7</td>
</tr>
<tr>
<td>Silverstein</td>
<td>58:9</td>
</tr>
<tr>
<td>similar</td>
<td>43:5</td>
</tr>
<tr>
<td>sew</td>
<td>78:12 75:19</td>
</tr>
<tr>
<td>simple</td>
<td>40:20 40:21</td>
</tr>
<tr>
<td>Simply</td>
<td>21:20</td>
</tr>
<tr>
<td>since</td>
<td>16:10,14</td>
</tr>
<tr>
<td>Sixth</td>
<td>71:19 73:4</td>
</tr>
<tr>
<td>Sixth</td>
<td>74:20</td>
</tr>
<tr>
<td>Skip</td>
<td>73:13 77:19</td>
</tr>
<tr>
<td>Smaller</td>
<td>24:9</td>
</tr>
<tr>
<td>Snap</td>
<td>83:7</td>
</tr>
<tr>
<td>Social</td>
<td>24:12 25:9</td>
</tr>
<tr>
<td>Says</td>
<td>48:1 75:18</td>
</tr>
<tr>
<td>School</td>
<td>11:22</td>
</tr>
<tr>
<td>Schooling</td>
<td>11:24</td>
</tr>
<tr>
<td>Schools</td>
<td>2:11</td>
</tr>
<tr>
<td>School</td>
<td>52:24</td>
</tr>
<tr>
<td>Schroeder</td>
<td>3:19 5:16,16</td>
</tr>
</tbody>
</table>