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ORIGINAL

STATE BOARD OF HEALTH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

BOARD MEETING

MARCH 20, 2014

STATE BOARD OF HEALTH

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

DIRECTOR'S CONFERENCE ROOM - 5th FLOOR

535 WEST JEFFERSON STREET

SPRINGFIELD, ILLINOIS

DIRECTOR'S CONFERENCE ROOM - 20th FLOOR

122 SOUTH MICHIGAN AVENUE

CHICAGO, ILLINOIS

BOARD MEETING

THURSDAY, MARCH 20, 2014

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

AGENDA

STATE BOARD OF HEALTH MEMBERS PRESENT:
Dr. Javette Orgain, Chairperson (in Chicago)
Rev. David McCurdy, Co-Chairperson (in Chicago)
Ms. Karen Phelan (via telephone)
Dr. Babette Sanders (in Chicago)
Dr. Monica Schnack (in Springfield)
Dr. Peter Orris (via telephone)
Dr. Timothy Vega (in Chicago)
Ms. Beth Fiorini (in Springfield)
Dr. Julie Adkins (via telephone)
Mr. David Banaszynski (in Chicago)
Dr. Valerie Conrad (in Chicago)
Dr. John Herrmann (in Chicago)
Dr. June Lee (via telephone)
Dr. Carolyn Lopez (via telephone)
Dr. Victoria Persky (in Chicago)

PARTICIPANTS FROM ILLINOIS DEPARTMENT OF PUBLIC HEALTH:
Mr. David Carvalho (in Chicago)
Ms. Mary Driscoll (in Chicago)
Ms. Leticia Reyes (in Chicago)
Dr. David Culp (in Springfield)
Ms. Molly Lamb (in Springfield)
Mr. Justin DeWitt (in Springfield)
Mr. Bill Dart (in Springfield)
Ms. Kish Broomfield (in Springfield)

PUBLIC COMMENT SPEAKERS:
Mr. Lawrence Mackey (in Springfield)
Ms. Elizabeth Bilotta (in Springfield)
Dr. Rashmi Chugh (in Springfield)
Mr. Kevin Dixon (in Springfield)
Mr. Tom Hughes (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
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REV. MCCURDY: I've been asked to be the acting chair today as co-chair of the committee until Dr. Orgain can arrive.

So I want to call the meeting to order. And one of our items of business is to introduce our new Board member, Beth Fiorini. Is she in Springfield or on the phone?

MS. FIORINI: I'm right here. Hi.

REV. MCCURDY: Hello there. You want to say just a bit about yourself?

MS. FIORINI: Okay. I've been in -- I'm from Whiteside County, kind of rural northwestern Illinois. Been in public health for about 25 years, administrative for the last 15 years. Before I was in public health, I was a teacher. I have a philosophy and English degree. Taught at the community college for a while.

I guess the biggest thing about our health department is that we have a community health center that serves about 13,000 patients in behavior health, dental, and medical.

Is that enough? Good enough?

REV. MCCURDY: That's wonderful.

MS. FIORINI: Okay. Thanks.

DR. CULP: Dr. McCurdy?

REV. MCCURDY: Thank you and welcome.

MS. FIORINI: Thank you.

REV. MCCURDY: Say it again.

DR. CULP: Dr. McCurdy, this is Dave Culp in Springfield.

We need -- Kish needs to do a roll call, sir, before we can start into the agenda, for the record.

Correct, Kish?

MS. BROOMFIELD: Yes.

REV. MCCURDY: All right. Go ahead.

MS. BROOMFIELD: Julie Adkins.

DR. ADKINS: I'm on.

MS. BROOMFIELD: Dave Banaszynski.

COURT REPORTER: I'm sorry?

MS. BROOMFIELD: David? You're present.

Pat Basu.

(No response.)

MS. BROOMFIELD: Valarie Conrad.

DR. CONRAD: Present.

MS. BROOMFIELD: Jorge Girotti.

REV. MCCURDY: She said present,

Kish.

MS. BROOMFIELD: Yeah. I went to the next one. I might be mispronouncing this. Girotti, G-i-r-o-t-t-i.

REV. MCCURDY: Jose Girotti.

MS. BROOMFIELD: Yes.

MR. CARVALHO: Jorge.

REV. MCCURDY: Jorge. I'm sorry.

MS. BROOMFIELD: Not present? Okay. John Herrmann.

DR. HERRMANN: Here.

MS. BROOMFIELD: June Lee.

DR. LEE: Present.

MS. BROOMFIELD: Carolyn Lopez.

DR. LOPEZ: Present.

MS. BROOMFIELD: Fred Margolis. Fred?

(No response.)

MS. BROOMFIELD: Rev. McCurdy.

REV. MCCURDY: Here.

MS. BROOMFIELD: Dr. Orgain.

(No response.)

MS. BROOMFIELD: Peter Orris.

DR. ORRIS: I'm here.

MS. BROOMFIELD: Victoria Persky.

DR. PERSKY: Present.

MS. BROOMFIELD: Karen Phelan.

MS. PHELAN: Here. Here.

MS. BROOMFIELD: Babette Sanders?

DR. SANDERS: Here.

MS. BROOMFIELD: Monica Schnack.

DR. SCHNACK: Here.

MS. BROOMFIELD: Timothy Vega.

DR. VEGA: Here.

MS. BROOMFIELD: I believe that's all members, and with a quorum present we can proceed.

REV. MCCURDY: All right. Thank you, Kish.

This is David McCurdy again.

We have on the agenda, a period for public comment, and since we haven't had one of these for a while, it says that we should be beginning with people who are registered to speak.

Kish, have you had people to register to speak with you?

MS. BROOMFIELD: Yes. I have five

persons -- I'm sorry -- four. No, I should have five. I have five.

The first person is Lawrence Mackey. Is Lawrence -- okay.

REV. MCCURDY: You have three minutes for comments.

MR. MACKEY: That's exactly what I was going to ask. Appreciate the opportunity.

I'm going to address my comments to the proposed Grade A milk rule changes and specifically to the off-farm sale provisions that are in the proposed rule.

Our view -- I'm representing the Northern Illinois Public Health Consortium. I'm also deputy director for population health at Lake County Health Department.

Our view is that there is no statutory authority in the current Act that would allow for off-farm sales. There are two provisions that allow sales of raw milk in the Act, and one is that it's done in accordance with the rules, which are currently proposed, and also that the sales or distribution must be done on the premises of a dairy farm. And our view is

that the legislation very deliberately and purposely uses that term "on the premises."

It could be said that sales or distribution -- distribution could be said to occur on the farm to a remote location. We've heard that discussion. But the definition in the Pasteurized Milk Ordinacne --

MS. BROOMFIELD: Excuse me just for a second.

Chicago, could you mute your phone?

REV. MCCURDY: Yes.

COURT REPORTER: Somebody is dragging papers over the microphone.

MS. BROOMFIELD: Okay. Sorry.

MR. MACKEY: Okay. So sales or distribution in the Pasteurized Milk Ordinance, which is adopted by reference in the rules, defines distribution -- or it defines milk distributor as any person who offers for sale or sells to another any milk or milk product. Distribution has nothing to do with distributing in terms of relocating. It has to do with the act of selling milk. So sales or distribution is just -- in this sense, distribution is synonymous

with sales.

So, again, we don't believe that there's statutory authority to allow any off-farm sales. We think that that is just bad public health practice. In fact, a couple of my colleagues are going to comment further on those elements.

But just in summary, we don't believe that there is statutory authority to propose that rule for off-farm sales.

Thank you.

MS. BROOMFIELD: Thank you.

We have --

CHAIRPERSON ORGAIN: Good morning.

MS. BROOMFIELD: I'm sorry.

CHAIRPERSON ORGAIN: Is that Kish?

MS. BROOMFIELD: Yes.

CHAIRPERSON ORGAIN: All right.

Good morning. This is Dr. Orgain.

So how many other persons do you have there who want to testify?

MS. BROOMFIELD: We have three more or maybe four. Elizabeth Bilotta submitted written, but would you -- but you don't want --

MS. BILOTTA: No, I do.

MS. BROOMFIELD: You do? Okay.

The next person who is listed is Terry Mason.

CHAIRPERSON ORGAIN: And he is not here in Chicago currently. Is he with you in Springfield?

MS. BROOMFIELD: No.

DR. CULP: No. Dr. Mason is not here, Dr. Orgain.

CHAIRPERSON ORGAIN: Okay. Then -- all right. So let's move on to the next person.

MS. BROOMFIELD: The next person would be -- sorry -- Elizabeth.

MS. BILOTTA: Thank you. I am Elizabeth Bilotta, the director of environmental health at Will County, and I am representing NIPHC.

Enacting any rules encouraging or facilitating the consumption of raw milk is not in the best interest of public health. And we acknowledge that 410 ILCS 635 does allow for on-farm sales or distribution of raw milk, but we encourage the State Board of Health to recommend

that the legislation be amended to prohibit all raw milk sales and distribution in Illinois as milk consumption by humans for non-pasteurized dairy products can never be considered safe under any circumstances.

However, if you look at also in the proposed rules, 775.55, it also states clinical and epidemiological studies have established a direct association between gastrointestinal disease and the consumption of raw milk. Proper pasteurization of raw milk is the only proven and reliable method to decrease the amount of harmful organisms to levels safe for human consumption.

We do understand that there's some underground raw milk sales going on and IDPH feels that they need rules and regulations. However, in states that allow legal sale of raw milk for human consumption, there is more than twice the rate of food -- of raw milk-related outbreaks than states that do not allow legal sales of raw milk. The rate of outbreaks caused by raw or unpasteurized product is 150 times greater than outbreaks linked to pasteurized milk

products, according to a CDC study that was published in 2012.

Among dairy product-associated outbreaks reported to CDC between 1998 and 2011, 79 percent were due to raw milk or cheese. 148 outbreaks due to consumption of raw milk or raw milk products reported to CDC in that time frame resulted in 2,384 illnesses, 284 hospitalizations, and two deaths, and a substantial portion of raw milk-associated disease burden is on children. Out of those reported illnesses in that time period, 82 percent of them included a younger person under the age of 20.

CDC's website states, "If you want milk in your family's diet, protect them by not giving them raw milk." CDC's website also states, "Adherence to good hygienic practices during the milking process can reduce but not eliminate the risk of milk contamination. The presence of germs in raw milk is unpredictable."

If you go on CDC's website, there's also testimony from multiple people that have been ill or family members that have been ill.

The illnesses include kidney failure, paralysis, and chronic disorder from milk diseases. These are irreplaceable [verbatim] damage. These individuals do not ever completely recover, and their lifelong health cost is exorbitant.

Please consider the results of your approval. Are we giving the citizens of Illinois a false sense of security regarding the safety of raw milk?

Thank you.

CHAIRPERSON ORGAIN: Thank you and timely.

Kish, the next speaker.

MS. BROOMFIELD: The next speaker is Rashmi Chugh.

DR. CULP: Rashmi Chugh.

MS. BROOMFIELD: Rashmi Chugh.

DR. CULP: Doctor.

MS. BROOMFIELD: Doctor. Sorry.

DR. CHUGH: That's all right.

CHAIRPERSON ORGAIN: Hello, Dr. Chugh. How are you?

DR. CHUGH: Hello, Dr. Orgain. Thank you. Good to be here; and, yeah, name is Rashmi

Chugh. I serve as medical officer at the DuPage County Health Department, speaking this morning on behalf of the Northern Illinois Public Health Consortium.

As a board certified family medicine physician, medical officer of the DuPage County Health Department, and a member of the Northern Illinois Public Health Consortium -- or NIPHC -- Infectious Disease Committee, I am acutely aware and concerned about the health-related consequences of potentially increased raw milk consumption as proposed by the -- as proposed in the draft raw milk rulemaking as part of the Illinois Grade A Pasteurized Milk and Milk Products rules.

We have serious concerns about the additional risk posed to the public's health and safety by allowing any sale or distribution of raw, unpasteurized milk or milk products.

The Centers for Disease Control and Prevention or the CDC, the U.S. Food and Drug Administration, the American Academy of Pediatrics, and the American Medical Association all strongly advise against human consumption of

raw milk since it may contain a wide variety of harmful bacteria -- including Salmonella, E. coli O157:H7, Listeria, Campylobacter, and Brucella -- that may cause illness and possibly death.

As reported by the CDC, states that allow the legal sale of raw milk for human consumption have more than twice the rate of raw milk-related outbreaks of illness than states that do not allow raw milk to be sold legally.

It is important to note that a substantial proportion of the raw milk-associated disease burden falls on children. Among the 104 outbreaks from 1998 to 2011 with information on the patients' ages available, 82 percent involved at least one person younger than 20 years old.

According to a study reviewing dairy product outbreaks from 1993 to 2006 in all 50 states, published by CDC in March 2012, the rate of outbreaks caused by raw or unpasteurized milk and milk products was 150 times greater than outbreaks linked to pasteurized milk.

Due to the serious health risks to the public and because there is no current enabling legislation in Illinois to allow for any

rules for the off-farm sale or distribution of raw, unpasteurized milk or milk products, NIPHC requests the State Board of Health to kindly consider eliminating all subsequent proposed rulemaking to this effect.

In conclusion, the Northern Illinois Public Health Consortium supports prohibiting the sale and distribution of all raw, unpasteurized milk and milk products in Illinois. As stated by the CDC, human consumption of raw, unpasteurized dairy products cannot be considered safe under any circumstances.

Thank you for the opportunity to share our concerns, and thank you for your time and attention to this important matter.

CHAIRPERSON ORGAIN: Thank you.

Kish.

MS. BROOMFIELD: We have Kevin Dixon.

MR. DIXON: Hello. My name is Kevin Dixon. I'm the environmental health services director for DuPage County, and I'm also here representing the Northern Illinois Public Health Consortium.

The two comments I wanted to talk

about today were in regard to the specific rules as proposed today about raw milk. The concern we have is that there still are some consistencies [sic] between the specific rules being proposed as well as the Pasteurized Milk Ordinance that is apparently being linked to them. In my opinion, there still are a number of inconsistencies between the two.

And just as a -- we have submitted specific comments previously with more detail, but just one that I'll highlight here is that the Pasteurized Milk Ordinance prohibits all sale or distribution of raw milk. So it is in direct conflict with the proposed rules in Part 775 and in legislation 410 ILCS 635. It reads right now that only Grade A pasteurized, ultra-pasteurized, or aseptically processed and packaged milk and milk products shall be sold to the final consumer. So right now there is a direct conflict between the proposed rules and the Pasteurized Milk Ordinance that is apparently also being referenced by these rules.

The second point is the concern we have that IDPH did not follow their established

procedures by providing drafts of the proposed rules to local health departments prior to being finalized for submission to the Board of Health and the subsequent formal rulemaking process. The concern we have is that, had we been involved with the development of these rules from the beginning, we might have been able to remedy some of these problems from the start and we wouldn't be at this point in the process.

That's the conclusion of my comments.

CHAIRPERSON ORGAIN: Thank you.

MS. BROOMFIELD: I believe that's the last person we have listed for comments.

MR. HUGHES: I'd like to comment, please. Tom Hughes.

MS. BROOMFIELD: Okay.

REV. MCCURDY: You have to be registered.

MR. HUGHES: I did.

MS. BROOMFIELD: Did I get one?

REV. MCCURDY: Okay.

MR. HUGHES: You should have it.

MS. BROOMFIELD: I'm not sure where that sheet is.

CHAIRPERSON ORGAIN: Give us a minute, Mr. Hughes, while Kish locates her information in regards to comments.

MS. BROOMFIELD: You filled out a sheet?

MR. HUGHES: I did. I was the first one to do it.

MS. BROOMFIELD: Okay. I'm not sure where it went. That's fine. Okay.

CHAIRPERSON ORGAIN: Go ahead, please.

MR. HUGHES: Good morning. My name is Tom Hughes, and I'm the executive director of the Illinois Public Health Association, and I'm also here today representing the Illinois Association of Public Health Administrators.

And I'm not going to belabor the point with the Board on the scientific facts. I think that our associates from NIPHC have explained our concerns very well.

But I did want to make it known to the Board of Health that all three associations -- all three major associations that deal with public health in this state have now

come down and asked you to delay, postpone, or not act upon these rules.

I think the work that we've done collaboratively has been demonstrated today, and so the Illinois Association of Public Health Administrators and the Illinois Public Health Association are opposed to the implementation of these rules.

Thank you.

CHAIRPERSON ORGAIN: Thank you all for taking the time to provide comments in regards to the rules with regards to raw milk.

If there any persons who would like to comment additionally, then we will take those at the end of our meeting. We have a long agenda, and I am uncertain if we'll get to any additional comments, but we certainly appreciate you taking the time.

And now we'll move forward with the rest of the published agenda.

So Beth Fiorini -- is she in Springfield?

REV. MCCURDY: She's been -- she's been introduced.

CHAIRPERSON ORGAIN: You've been introduced.

Thank you very much.

REV. MCCURDY: Uh-huh.

CHAIRPERSON ORGAIN: All right.

Dr. Hasbrouck will be --

MR. CARVALHO: This is Dave Carvalho.

Dr. Hasbrouck had intended to address the Board from Springfield. He is in Springfield working on our budget. However, he texted me just before the meeting started and indicated that he is over at the Capitol and unable to join, or he's working on the budget someplace.

So I, in deference -- in respect of the very, very lengthy agenda you have, I won't ad lib any comments on his behalf and suggest you move on to your next item.

CHAIRPERSON ORGAIN: Thank you, David.

We'll move on to item number IV on the agenda which will be approval of the meeting summaries from December 19th and February the 18th.

We can take them together, if there

are no objections. If there are any amendments or corrections to either of those, please --

DR. SANDERS: This is Babette Sanders.

I believe on the February 18th minutes my name has been eliminated as having been in attendance, and I was.

MS. BROOMFIELD: I'll add your name.

DR. SANDERS: Thank you.

REV. MCCURDY: Do we have the December 19th meeting summary to act?

CHAIRPERSON ORGAIN: Kish, we're looking at were documents -- was the summary sent --

MS. BROOMFIELD: The summary --

CHAIRPERSON ORGAIN: -- as we're looking --

MS. BROOMFIELD: The summary was sent along with the agenda and also the summary for the other meeting -- for the rules meeting. I sent them.

CHAIRPERSON ORGAIN: Okay. Has everyone had an opportunity to review both summaries?

REV. MCCURDY: I've not seen the December one but --

CHAIRPERSON ORGAIN: Okay.

REV. MCCURDY: -- perhaps there is.

CHAIRPERSON ORGAIN: And I would ask that if there are -- one more time if there are any additional comments or corrections. Otherwise, we can approve of the meeting summaries for both dates with consensus.

(No response.)

CHAIRPERSON ORGAIN: Hearing no objections, then we'll move forward to item number V on the agenda.

Item number V is the policy committee report. Our chair of the subcommittee has -- is unavailable. She may be on the phone, but she's ill, and so is there anyone from the committee who would like to speak?

Otherwise, we'll move to Leticia Reyes.

She's on her way. Okay.

Mary.

MS. DRISCOLL: Yeah. Great. Hi. This is Mary Driscoll. I'm the division chief of

patient safety and quality, and I'm going to talk today about the newest thing our division is doing. So I'll talk a little in-depth about that, and I have some slides. Unfortunately, I don't have slides for Springfield, but I can send them to Kish, and she can pass them out if people are interested.

CHAIRPERSON ORGAIN: And can everyone hear?

MS. DRISCOLL: Okay? Can you all hear me? Okay. So I'm --

CHAIRPERSON ORGAIN: Springfield?

DR. CULP: Yes.

MS. DRISCOLL: Okay. I'm going to talk about our Illinois CRE Detect and Protect campaign. CRE is the most recent of the deadly superbugs that are (unintelligible) around health care centers primarily. And, again, just to refresh, CRE is carbapenem-resistant Enterobacteriaceae, and one of the reasons that we're getting all these superbugs -- in fact, the primary reason -- is because of antibiotic misuse and no -- and no new antibiotics being produced to directly combat these new deadly organisms.

Okay?

So we received some funding from CRE -- from CRE -- sorry -- from CDC to begin a Detect and Protect Campaign, and CDC just recently released new vital signs around the, quote, deadly superbugs and antimicrobial stewardship and the relationship between the two and highlighting CRE.

We also -- IDPH -- released some press about what we -- what we are doing with the CRE campaign and our extensively drug-resistant organism registry. So that's what I'm going to tell you about.

So, first of all, we have a lot of campaign sponsors, and you can see them here on the sheet. And to sponsor this campaign means that you're signing on, you support the message, you're going to be recruiting facilities to attend the webinars, and et cetera.

The facility participants: So far we have 70 acute care hospitals, 88 long-term care facilities, three LTACHs, and one independent lab and more -- more are coming in as we speak.

And in order to participate -- to be

an official participant, the facilities have to have their -- someone in their C-suite sign off that this is something that they really want to do and take seriously and agree to attend all the webinars and send someone -- we're going to be having an in-person meeting in May.

So the webinars that we're going to be having coming up: One for the local health departments. We'll talk about outbreak response and surveillance for CRE. We're going to have a facility leadership webinar which we're going to target at the medical directors or the COOs but primarily at the medical directors. Then we'll be having some focused webinars for the infection prevention staff and also for laboratorians because lab testing is a big issue around CRE right now.

Just quickly, our extensively drug-resistant organism registry, which goes sort of hand in hand with the campaign because it's allowing us to take reports of CRE from long-term care facilities, from labs, from LTACHs, and from acute care hospitals. And the purpose -- when the registry started, its purpose was really

communication so that, if you have patient X at a facility and patient X has CRE and the patient is transferred to facility Y, that there is -- facility Y can access the registry to see if patient X was CRE.

And what we're doing right now is every facility has to report in to the state; so we're collecting the reports. We're in the process now of designing an automatic notification feed so that, if patient X ends up in facility Y -- say, long-term care facility Y, there will be a notification that will be e-mailed directly to -- automatically to the infection prevention at long-term care facility Y.

So it started out as a communication tool, but then we quickly realized, through the help of the local health departments, that this also needs to become a surveillance tool as well. So we are working on that right now -- adding some capability to the registry. We received a little bit of money from a foundation; but, of course, you know, we're always looking for resources to do this kind of work; so --

Then I just gave you some aggregate data so far about CRE in Illinois from the registry. You can look at that. We are only allowed to share aggregate data, which is what we're doing, and the registry -- there's still some issues, you know, that we're working out, and you have them there, if you're interested in them.

But for the most part, we think that the combination of the campaign and the registry is very timely, and that also the idea of a registry that allows public health to be able to share data that means a lot for health care providers is very much in the spirit of the Affordable Care Act, and we hope to continue and build more kinds of registries like this.

That's my update.

CHAIRPERSON ORGAIN: Are there any questions for Mary Driscoll from Springfield or from Chicago?

DR. SANDERS: Babette Sanders.

Mary, can you tell me or explain -- on the graph on the bottom of the third page -- so why the bump?

MS. DRISCOLL: Right. The bump in November was because that's when the registry opened. So we had people starting to report, but some people actually back reported.

DR. SANDERS: Okay.

MS. DRISCOLL: Like, they had, say, incidents of CRE that were occurring in July and August and we're trying to field them all in November, but then since then -- I mean, it's just a quick and dirty look. I mean, it's not really a clear trend, but things have been pretty stable. And, honestly, there's been more -- more reporting than I thought we would see, to tell you the truth.

REV. MCCURDY: Dave McCurdy.

Mary, once again, what does XDRO stand for?

MS. DRISCOLL: Extensively drug-resistant organism.

REV. MCCURDY: Okay.

MS. DRISCOLL: So that means that it needs to be resistant to most antibiotics.

DR. HERRMANN: Jack Herrmann.

Mary, on the same graph, it's very

hard to read.

MS. DRISCOLL: Yes.

DR. HERRMANN: I expect that the majority of specimen sources were GI. Were the other ones maybe urinary, or do you have any -- on that pie chart. Just out of curiosity.

MS. DRISCOLL: Yeah. You can see what they are, but the majority are GI, but I -- or blood, actually. The majority are blood because what we're looking for -- sorry -- is actual infections although we've been getting some screening data, but we're trying to not just have screening. We're trying to really look at infections.

CHAIRPERSON ORGAIN: Any additional questions?

As some of the slides on the handout that we received, Mary, were a little small --

MS. DRISCOLL: I'll send --

CHAIRPERSON ORGAIN: -- and then we'll send it to -- the full version to all the members of the Board would be helpful.

MS. DRISCOLL: -- everyone can see them. And then if you have any questions, they

can e-mail me at mary.driscoll@illinois.gov.

CHAIRPERSON ORGAIN: Thank you so much. Appreciate it.

Now we'll move to Leticia Reyes for the SHIP implementation report.

MS. REYES: Hi. I want to just give you a brief update on what's happening with the State Health Improvement Plan Implementation Coordination Council.

We have a video contest that we talked about, I think, at another meeting. That video contest, we've extended the deadline, because we've had -- you know, we've been trying to engage more involvement in the video contest. We did have, you know, a good number of submissions, but we really wanted a broader regional kind of reach in the submissions. So we have extended the deadline to May 6th. You can go to healthycommunities.illinois.gov [verbatim] where the information is available. We encourage folks to reach out to ask organizations and communities to get involved.

Essentially, the video contest is asking folks to show how they are implementing

the State Health Improvement Plan. So pretty much anybody doing any work regarding health are implementing the State Health Improvement Plan, and they may not even know it. The project is really meant to engage folks to actually look at the plan and also to understand that they are -- the work they're doing aligns with work that's happening all across the state.

We also wanted -- you know, you get -- the prize is, like, 1,500 grant award so that you can continue to do the work in your community. The nice thing about it is that it's a broad scope. There's 14 different priorities of the State Health Improvement Plan. So if you're working from violence prevention to obesity prevention, doing system change -- any of that can be part of what you can feature on the video.

So we really encourage you all to please promote the video contest. We really want to actually show people how this work is happening in the community through this contest. And as I mentioned, we did get some participation from some hospital systems and some others for

this project. We're hoping to engage more in this, like, kind of new, revised push.

In addition, the staff in our Office of Performance Management are working collaboratively with our SHIP committee that's focused on developing measures on the SHIP priorities. And so this is probably one of the most important things that the council will deliver in their kind of tenure of work, which is measures on the SHIP priorities.

Our hope is that these measures can serve to be measures that can be used in any project or health system, and we're really looking forward to getting those measures out by the end of the year. Those measures are not going to be invented. We're going to use measures that already exist in things like Healthy People 2020 and other measures that are generally acceptable. We want to have those launched. And those measures will also help provide the framework for the next SHIP development. So it won't be reinventing the wheel. We'll have those already in place, and they can then be bridged over into the drafting

of the future SHIP which will be due in 2016. So that's an important piece of the work they'll be doing and hopefully the product of their work this year. And, actually, it's also part of our department accreditation process. So it will get done very soon.

The other piece I want to mention is that we are going to be, at our next SHIP meeting -- which is March 28, from 2:00 to 4:30, in these same rooms. We will have a SHIP meeting, and at that meeting we will be talking about a number of things, but the one agenda item that will be presented for the group to kind of decide, we've been working with the governor's office and our director and the co-chairs of the SHIP to develop a plan around some regional outreach meetings. These regional outreach meetings will be -- we'll be working to ask our SHIP members to take the lead on a different region around the state who will create local committees to look at existing plans and priorities.

The staff that we're hoping to bring to the project will be aligning existing --

whether they're community health needs assessments, the IPLAN, and other assessments to be able to look at a region and kind of align those different assessments and then bringing the community together to kind of see how all that work is working in collaboration and how they can align their work better to have a stronger impact.

So this is in conceptual phase. I just want to mention. It will be presented at the next meeting. But we have done a lot of work with our co-chairs and with the leadership to develop the concept. So you'll hear more about that after the discussion with the SHIP meeting.

But this is a great opportunity for, you know, any of the members here who might want to get involved. We'll keep you posted because it will be really a local -- locally driven effort and process. And, again, it will be looking at how do we align with the SHIP and other assessments that are being done in communities and then aligning to actually have a stronger impact around those priorities in communities.

Another goal of the upcoming meeting will also be to talk about some sustainability planning for We Choose Health. We Choose Health is the state's community transformation grant. I'm sure -- you may or may not know that that funding source was cut, and the project will -- the funding of the project will end on September 29th of this year. That project funded 58 counties around the state to do policy, systems, and environmental change to transform the health of their communities. Really a great community empowerment model to support multisectoral coalitions around the state. Really amazing accomplishments. We have a lot of really great work that's happened, and so we're really needing to think about how to sustain this work.

The Department has been very open about wanting to serve as a partner and to support local communities as they seek out additional funding. We have created pitch packets for all of the work that's happened in the project so that we can help pitch at different funding levels to help support the continuation of the project. You know, some of

the support is the state level but really focusing on helping our grantees to support the work.

In addition, we've been very open to them about partnering. We don't need to be the lead; we'll partner with them on applications. There's additional funding that will be released from the feds. There was additional funding that was put into the Public Health and Prevention Fund; it was just taken out of this project.

And so those projects will be focused around a lot of disease areas. It's about -- I think it's, like, 180 million that they're going to be putting out for competitive grants. Those grants are going to be around more disease area-specific efforts, but they will be looking at nontraditional and multisectoral coalitions. So many of our communities will be prime to be partners, leads, or, you know, in various ways be engaged. As soon as we know about those funding opportunities, we'll be happy to share that with you.

But really we hope that, you know, as we go forward we can look to our local

communities to provide support for them and ensure that they can continue this great work that they've initiated in their communities.

So that's all I've got to report.

CHAIRPERSON ORGAIN: Thank you.

Are there any questions for Leticia?

One thing that we want to make sure that the Board members are aware of that she referenced will be SHIP 2016. And so the question is, since the Board will need to prepare a document for SHIP 2016 and we will need to get into action, how soon will we get information in order to begin that process?

MR. CARVALHO: Okay. This is Dave.

I put myself on a 60-second timer; so -- probably a good practice for everybody.

As you'll recall, the SHIP used to be on a four-year schedule. We recognized that between the time that it took to get the team together to do the SHIP, to get this implementation team together and all, and develop an implementation plan, you're almost on the steps of the next SHIP. So the law was changed to make it a five-year, which conveniently

coincides with the cycle of accreditation as well, and the first -- the next one will be due January 1, 2016.

Our experience is that it takes about a year for the team to pull a plan together. So we would like to have the new team in place to develop the next SHIP by January 2015. So we'll begin the process of assembling a potential team in the fall, get it appointed, get it funded, staffed, up and running with the goal of delivering the next SHIP 2016.

CHAIRPERSON ORGAIN: Thank you.

Is everyone clear about that? So the Board will be in action, and we'll need information from the Implementation Council in order to begin that work. So for those of us who are -- have been appointed to the SHIP Implementation Council, we need to ensure that there's some deliverables in order for us to act.

If there are no other questions for Leticia, thank you very much.

The next report is item number VI on the agenda, rules committee. And I would ask: Were any of the persons who provided public

comment still in Springfield?

(Several "Yes's" heard.)

CHAIRPERSON ORGAIN: Okay. And we have Dr. Terry Mason who's also joined us who is here in Chicago.

So from a format perspective, it happens that the Grade A pasteurized milk and milk products is on the agenda number one for the rules committee. What we'll allow, since those persons are here, is once we deal with that particular rule and have received questions from Board members, if there are also questions from those persons would have provided public comment, we will allow that for this particular rule. But, again, we've got so much on the agenda that we'll need to move swiftly.

MR. CARVALHO: Dr. Orgain, this is Dave Carvalho.

You were in transit --

CHAIRPERSON ORGAIN: I know.

MR. CARVALHO: Right. Okay. Thank you.

CHAIRPERSON ORGAIN: Go ahead, please.

REV. MCCURDY: And what were you going to say, though? I'm missing your -- I want to be -- I know what your point is.

MR. CARVALHO: Right. The folks who would be presenting the HIV-AIDS confidentiality testing and ADAP need to leave at noon. So they had asked if they could be --

REV. MCCURDY: I wasn't aware of that.

MR. CARVALHO: You were in transit too. It was this morning.

REV. MCCURDY: Okay.

CHAIRPERSON ORGAIN: Okay. So we're going to do the HIV-AIDS confidentiality and testing first.

REV. MCCURDY: Okay.

CHAIRPERSON ORGAIN: And then we'll move to the --

REV. MCCURDY: And then we will move to the Grade A pasteurized milk and milk products, but the raw milk discussion --

CHAIRPERSON ORGAIN: Okay.

REV. MCCURDY: -- is what we would like to do.

CHAIRPERSON ORGAIN: Okay. So if any of you have an old agenda, item number F is moved up to be number one currently.

REV. MCCURDY: Yes.

CHAIRPERSON ORGAIN: And then we'll proceed --

REV. MCCURDY: Proceed, and we will -- we'll take one from the next page, the raw milk one, and move it up.

MR. CARVALHO: Dave Carvalho.

If I could help clarify. You'll recall at the rules committee you did not actually get to the milk --

REV. MCCURDY: Pasteurizer sealer, we did not get to.

MR. CARVALHO: Yes. Well, you did not -- I don't think you got --

REV. MCCURDY: No, we discussed the raw milk, but we did not make a recommendation.

MR. CARVALHO: Correct. So the way the agenda was sent out was the report on the ones you actually dealt with -- well, go ahead.

REV. MCCURDY: Yeah. I understand --

CHAIRPERSON ORGAIN: If you'll

forgive us.

REV. MCCURDY: This is a little in-house stuff.

CHAIRPERSON ORGAIN: We're doing some process at the head of the table here, and we are all clear now.

REV. MCCURDY: Okay.

CHAIRPERSON ORGAIN: Thank you.

REV. MCCURDY: So go ahead in Springfield about the HIV-AIDS confidentiality and testing.

DR. WILLIAMSON: This portion of the --

COURT REPORTER: Your name.

DR. WILLIAMSON: My name is Mildred Williamson, HIV-AIDS section chief.

DR. CULP: Dr. Williamson.

DR. WILLIAMSON: This portion of the HIV-AIDS confidentiality and testing code, the rules were to be amended to implement legislation that removed the requirement of notifying principals of students with HIV infection.

REV. MCCURDY: And this is David McCurdy again.

I will add that the rules committee did not recommend any changes substantively to this rule. So we passed it on to the Board for its consideration.

I would go ahead and move that we approve it and to forward for the process.

COURT REPORTER: I'm sorry. I couldn't hear.

DR. ORRIS: Peter Orris.

Second.

COURT REPORTER: Thank you.

REV. MCCURDY: Peter Orris seconded.

So it's been moved and seconded.

Any discussion?

(No response.)

REV. MCCURDY: All in favor please say "Aye."

("Ayes" heard.)

REV. MCCURDY: Opposed, "Nay."

(No response.)

REV. MCCURDY: Any abstentions?

(No response.)

REV. MCCURDY: Then we have approved that one.

And we will now move to -- and, again, to be clear for everybody with the agenda -- oh, ADAP has also got to be considered. Okay.

So the next one will be -- it will say "ADAP" on your agenda, and it will begin with the word "AIDS" on the actual rule that you received in the mail.

So please go ahead. AIDS drug assistance program.

DR. WILLIAMSON: Mildred Williamson again, HIV-AIDS section chief.

This is a rule that needs to be revised actually each year to reflect the current federal poverty level guidelines to establish eligibility for the program.

REV. MCCURDY: And this is one that, as you will see, it's a very short rule, and we did recommend a change because there was a typo, and that has been corrected.

So I would also move that we approve that one for forwarding.

DR. WILLIAMSON: Thank you.

REV. MCCURDY: Dr. Orgain, you have a

question?

CHAIRPERSON ORGAIN: Yes. On the agenda, just so everyone is clear, that it says -- this is just a typo -- it says Administrative Code 629. It's actually 692.

REV. MCCURDY: Okay. So let's be sure that we have that correction, in addition to changing what we already did change, 180,000 to 108,000.

Okay. So with that amendment, move that we approve with that change.

Is there a second?

DR. PERSKY: Second.

REV. MCCURDY: And that was?

DR. PERSKY: Me. Vickie Persky.

REV. MCCURDY: Dr. Persky.

So a second on that.

Any discussion?

(No response.)

REV. MCCURDY: All in favor please say "Aye."

("Ayes" heard.)

REV. MCCURDY: Opposed, "Nay."

(No response.)

REV. MCCURDY: Abstentions?

(No response.)

REV. MCCURDY: Then we will forward that one to the Board also, and thank you to those of you in Springfield who had the noontime deadline.

DR. WILLIAMSON: Thank you.

REV. MCCURDY: So now we're going to return --

Thank you.

We're going to return to the order of the rules committee report, but I want to again remind members of the Board and others who are attending: There's a reversal of a kind that we want to make, and where it says Grade A -- or letter A, under number VI, it's Grade A pasteurized milk and milk products, but this will be the raw milk discussion.

And the reason that we will discuss it now is that it actually was discussed in the special rules committee meeting back in February. So we discussed it, but the rules committee did not make a recommendation for approval but did want to pass it on to the full Board subsequent

to our discussion. And some changes have been made in the rule subsequent to that discussion.

And then, later on, after we consider all the rules under Roman numeral VI, we will come back to the Grade A pasteurized milk and milk products pasteurizer sealer rule which we did not have a chance to discuss back in February.

I hope that's clear, but that's what we're going to do. Okay?

So, Molly Lamb and perhaps a colleague, would you get us started in the discussion of the raw milk rule, please.

MS. LAMB: Sure. And Dr. Culp stepped out, and I know he wanted to address the committee and those present in the room as well. So I'll let -- I'll turn it back over to him when he comes back to explain.

This rulemaking, as everyone's aware, provides us procedures for permitting and inspecting dairy farms that are producing and selling raw milk only for consumers, not within our dairy program, in our permitted program currently as it stands.

For years, per the Act, this is to be done in accordance with rules. Rules have never been written to address the procedure of how this has occurred for some time. So, technically, legis -- by law, as it stands right now, it's technically banned. So we're writing rules to address the procedure on how it is occurring in the State of Illinois.

Sorry. Did you -- I know you wanted to start this --

DR. CULP: Yeah.

Dr. Orgain, if I may, to just add something from the Office of Health Protection.

Dave Culp, Office of Health Protection.

And I want to thank our local health departments --

CHAIRPERSON ORGAIN: Introduce yourself.

DR. CULP: Yes, I did.

CHAIRPERSON ORGAIN: Okay. Go ahead.

DR. CULP: Thank you, Dr. Orgain. Thank you.

So I want to thank everyone from the

local health departments association in coming down to speak before us.

A couple comments of clarification. First of all, the sharing of the rules -- and we'll follow up and discuss this -- is an Office of Health Protection process. It's not a departmental. So that starts with me, Office of Health Protection. That is something we've done, and we'll look procedures of that going forward. I'm sure Molly --

REV. MCCURDY: David? David?

DR. CULP: Yes.

REV. MCCURDY: You're speaking very quickly. If you could slow down just a little, you'd be easier to understand, at least at this end.

DR. CULP: Oh, my -- my complete apologies, Dr. McCurdy. It's not used to me -- soft and slow -- but I will try.

REV. MCCURDY: Thank you.

DR. CULP: So I wanted to -- now I'm going to go super slow speed.

I wanted to acknowledge the fact that it is an Office of Health Protection process that

we coordinate with local health departments to share our administrative codes before the fact that they have passed the governor's office but before the State Board of Health rules. So I wanted that in the record -- that it's not IDPH policy, it's an Office of Health Protection policy.

I'm not going to go and belabor. I do want to make the point that Office of Health Protection acknowledges the threat of raw milk, and as Molly has started a discussion on, we're looking at a process to be able to regulate what we know is going on now and have not been able to regulate up to this time. The only recourse to the Department at this point in time is, is to go through the attorney general or state's attorney for prosecution. There is no regulatory ability.

We know the threat. We, in fact, just for the record, do testing of raw milk on a regular -- actually a daily basis both from our private labs that are certified by IDPH as well as IDPH. The private labs test the raw milk coming from farms. We test it coming from the dairy plants before pasteurization. So those who

know my background, know I know what a great culture media and what a threat it is for disease.

So we appreciate everyone's input. We'll continue to work through this, but I did want it recognized that we recognize the threat as well as the mechanism to be able to regulate what we know is ongoing.

So with that, I'll turn it over to Molly.

And thank you, Dr. Orgain, for the chance to speak.

And, Dr. McCurdy, was that better, sir?

CHAIRPERSON ORGAIN: Thank you, Dr. Culp.

DR. CULP: Appreciate it. Thank you.

MS. LAMB: So, Dr. McCurdy, I know we did review this in the rules, and I can tell you that we have addressed the questions and concerns and added changes from those comments and suggestions from the rules committee.

And I do know that, from the rules committee -- but maybe not for everyone here, but

just to reiterate, you know, the reasoning, as Dr. Culp said and I started out. And then, you know, we worked this through the Dairy Work Group, which is underneath the Food Safety Advisory Committee, and over a year-long process -- with all stakeholders at the table from dairy industry, FDA, Public Health, the raw milk consumers, the raw milk passionate advocates, the raw milk only dairy farmers -- we learned a lot through this process.

We really opened our eyes and were quite naive going into this process. We didn't understand the amount of raw milk farms that are in Illinois that aren't permitted, aren't regulated, aren't inspected, no quality counts, no -- no oversight. Probably 60 is what they would tell us number-wise, but I can tell you there's probably more than that. And the volume that's being sold is -- way exceeded our expectations. When we spoke of a volume limit for sales and we tried to say 40, we were laughed out. I mean, some have 20 to 25 cows, could milk upwards of 50 gallons a day. 40 is a day limit for them, you know.

So this problem is here and now; and, you know, some states -- and that's what we tried to do in workings of this rule -- is how have other states handled this? Because this isn't just an Illinois issue. And so we've really tried to work across all states and balance, you know, what they've introduced as regulation and oversight for all the states.

And so what we've put forth came from recommendations from -- from all the stakeholders sitting at a table and over the year-long process as a workable solution to provide regulatory oversight for the sale of raw milk in Illinois.

So with that, I don't know, Dr. McCurdy and Dr. Orgain, if you want to more line by line or if you -- how you want to address this.

REV. MCCURDY: Molly, this is Dave McCurdy again.

If I may, I want to ask you a couple of questions that seem to have emerged in the discussion that we've been part of so far and ask if you would respond to them.

MS. LAMB: Sure.

REV. MCCURDY: One is there have been concerns expressed about off-farm sales, the retail aspect of it. And could you say a little bit about the reasoning of the Department in proposing that those be permitted, of course, with a regulated -- in a regulated format.

MS. LAMB: Sure.

So thank you, local health departments, because, you know, we have tried really, really hard in this division to update our rulemakings. We, you know, had rulemakings that hadn't been addressed in 30 years. So we're trying really, really hard to get our rules up to date, get them to where they're written well so they're not open for interpretation.

So what you've brought to us is -- we know what we meant, but obviously it didn't -- wasn't translated on paper, and we never meant for this to be a retail "walk down the street, get it out of a vending machine." And so I think there's been -- it's been -- well, it -- "misconstrued" is probably the wrong word because it is what it is in writing.

So I can tell you, from the rules

committee and from different comments we've received and different discussion points, we are looking at trying to reword some of the language to make it fit what we really meant per se, and it is on premises, really. And what we're looking at is farmer controlled.

So as you may or may not be aware if you don't have a farming background, you know, a lot of times it's not within just the square footage that this farmer has. This farmer has lots of land, perhaps, and different -- different locations, perhaps. And so it may be that the dairy cows are at one location. He may not live there, but his office is in another location on another rural area, maybe, and that's where he chooses that he wants his consumers to go.

So -- so in trying to work with some of that, the language was kind of -- it didn't reflect exactly what we meant for it to reflect. So that kind of addresses a little bit of the comments that have came to us from this area. So we are working on definitions for what is meant by "on premises," meaning just one last location point that is in the control and responsibility

of the farmer and to define that better.

And we also -- right now there's massive amounts of herd shares. And, again, with the same philosophy of why we're writing these rules for raw milk, if we turned our eye to blind -- or turned our blind eye to the massive amount of herd shares that are occurring, it wouldn't coincide with what we're trying to accomplish with the raw milk. There's tons of -- and this doesn't even -- I mean, we're trying to address it within Illinois. The volume of out of state -- and, yes, PMO says no raw milk to transport past state lines, but the out-of-state raw milk that's coming in in northern Illinois and Chicagoland area is massive and due to -- under herd-share type of operations.

So we in Illinois took it upon ourselves for this area to -- we can address it through some of the rulemaking that now we hope to term more "on premises" for the second part.

REV. MCCURDY: Molly, I'm conscious of our time.

MS. LAMB: Okay.

REV. MCCURDY: I suspect there maybe

other people who have some questions also. I appreciate your response to this one.

So I see Dr. Sanders had a question; so, please, go ahead.

DR. SANDERS: This is Babette Sanders.

Molly or somebody, can you explain if we -- in simple words, how all of these pieces fit together. I read through all of the documents, but I'm not really clear. If we pass this today and move it forward, what's the -- what will be allowed that's not currently allowed? If we choose not to move it forward or if we move to table until we have a bit -- a document that reflects the comments that you just made, what are we not really regulating that puts the people of Illinois in jeopardy? And I was struck by all of the public comments against this legislation or rulemaking.

So I'm trying to fit all of those pieces together in a neat package, and I'm having a little trouble. And perhaps it's just me but --

(Several "No's" heard.)

MS. LAMB: So right now, you know, the Act states that -- that the process for sale and distribution of raw milk has to be done in accordance with rules. The Department then was given the authority through that Act to promulgate rules. It's never occurred. So because of that right now it's banned and illegal.

So you're asking -- your question specific to writing these rules and what will this accomplish different: It gives us the regulatory oversight for the sale and distribution that's occurring anyway.

DR. CULP: And to follow up on this --

This is Dave Culp, Health Protection.

I'm sorry, Beth. I didn't mean to cut you -- oh, no, you're good.

So, first of all, I want to back up and acknowledge that brought -- the issues brought forth local health departments, and we really appreciate the distinction between on-farm/off-farm.

The realty is at this point in time

raw milk sales are illegal in the State of Illinois, but our only recourse is to go to the local state's attorney or attorney general to prosecute what we know is occurring, and the difficulty of that is now it becomes a court case in which you need evidence. With no ability to regulate, we have no ability to acquire the evidence to bring it forth. So this essentially would allow us to regulate what we know is ongoing in the state and be engaged.

And to follow up my point, as we tested on a regular daily basis, what we found is though raw milk -- and I come from a strong science background. It is a great media for growing bacteria, and the threat is there, but if it is regulated -- I'm not ever going to say it's safe, but if it's regulated and processes that match Grade A are followed, the risk of disease goes extremely low down because, as I said, we test with a regular basis on raw milk samples.

UNIDENTIFIED: I have a question.

REV. MCCURDY: And just follow up to that, David, and ask you this question: What about the data that has been cited to us from CDC

or other sources that, in states where raw milk is legal, foodborne illness related to milk is also a higher percentage, and how is that different, do you think, in terms of what your regulations might accomplish?

DR. CULP: I think that's a great question, Dr. McCurdy, and it fits right in line with what I just said. Because someone who comes from a research background, any research is only as good as the data you have to put forth. So in a way, it parallels, and I'm sure other members of State Board of Health come from similar backgrounds.

So much like a court case, the success of it is only dependent on ability to put forth evidence. Research is only as good as the ability to acquire data to put forth on that. It's our view, in the Office of Health Protection, that we need the data to be able to assess where we are because having sales ongoing without the ability to recognize and be aware of does not lend itself to have data to put forth.

So I would make the argument that, in which cases it is banned, you do not have the

data to know what is going on as far as raw milk sales as opposed to, if you do engage in front, you at least know what is occurring and you have data to back up that.

REV. MCCURDY: There are a number of other people with questions.

Somebody on the phone, and then Dr. Persky.

(Several speaking at once.)

REV. MCCURDY: Okay. Dr. Orris first, please.

DR. ORRIS: Who goes first?

REV. MCCURDY: Dr. Orris.

DR. ORRIS: Thank you. I'm sorry, whoever I bleeped out.

Two quick questions. The first one is just a minor one. On page 13, I'm not clear as to whether the Department of Public Health has access to that blog, the list of people purchasing. I think it's very important that the Department has access. Perhaps I'm asking is it somewhere else in the regulations that gives the Department the access to who is buying the milk?

And then second of all is more a

general question, and that is why is this not a problem of enforcement rather than regulation? If we think this stuff is a problem, why is this -- and the problem is the state has been unwilling to enforce, why is this not something that the attorney general's office should be handling?

Thank you.

MR. DEWITT: This is Justin DeWitt. I'm the engineering chief from the Office of Health Protection.

I guess I can at least address the enforcement piece of that, and that is to say that the priority for the attorney general's office -- and I would never speak for her but would guess that prosecuting or trying to track down purchasers of raw milk who are doing that illegally is not a high priority for that office. So as we've engaged her office on issues that perhaps may be our higher priority, we've struggled to get engagement and prosecution.

So I would just caution that, if we think local law enforcement, state law enforcement, or the attorney general's office

will take up raw milk sales prosecution, that that's -- that's probably misplaced.

REV. MCCURDY: Dr. Persky, and then Dr. Vega.

MS. LAMB: Do you want me to address his first question?

MS. BROOMFIELD: We also have Beth Fiorini who has been waiting to have comments as well.

REV. MCCURDY: Okay. Thank you.

Go ahead, Dr. Persky.

DR. PERSKY: It seems that there's several layers here. One is that we're presented with something that seems to be very controversial, even if we think it's appropriate to put through rules. And it sounds like you're now conceding of a change in the wording, but it hasn't cleared any of the local health departments. And so to pass something that that's amorphous right now seems to be something of an issue.

But there are bigger issues that people are raising that maybe -- one that maybe there's an issue about enforcement, but also

people are raising the issue maybe all -- both on-site and the off-site sale of pasteurized -- of unpasteurized milk, raw milk, should be banned and maybe the law should be changed. So I guess I've got a question regarding that, which is really a third layer of this.

As a health department, as a board of health, and the IDPH, there are PR issues that then -- that have been discussed in some of the comments in writing. We're putting a stamp on something that it sounds like people are extremely concerned about.

MR. CARVALHO: This is Dave Carvalho.

Let me jump in because sometimes, you know, three different people saying something similar --

DR. PERSKY: Right.

MR. CARVALHO: -- says it in a way that, you know, people get it in a different way.

The status quo right now in Illinois on paper -- on paper is that raw milk is illegal.

DR. PERSKY: Even on-site.

MR. CARVALHO: All of it. It is illegal right now because what the law says is

raw milk is illegal except if it's done in accordance with rules adopted by the Department of Public Health. And, as David Culp said, for however long that law's been on the books, neither David nor any of his predecessors in his job chose to adopt rules on the subject.

DR. PERSKY: So it's illegal now.

MR. CARVALHO: It's illegal now. And, as Molly said, they've spent the last year working with the dairies, the raw milk people, advocates, all sorts of folks, and it is widespread. Now, it's not widespread like, you know, Jewel, Dominick's, and all that; but it is widespread.

So the realty is right now it is illegal, and the law's not being enforced, and the only enforcement mechanism for something that is just flat illegal is to work with the local state's attorneys and the attorney general; and, as both Justin and David said, that has not had any impact on this because there's not this prosecutorial imperative --

DR. PERSKY: I guess, then -- I didn't understand. Thank you, David.

Then my question is why aren't we going into a PR blitz saying that this -- that we are concerned as health departments, both local and IDPH, and why isn't this being enforced if we're getting that much resistance from enforcers? I guess I'm following up now on Peter's question.

MR. CARVALHO: Okay. Well -- and let -- you know, the irony of this in a way is -- because I've been involved -- obviously, this isn't in my office, but I've been involved in getting this prepared for the State Board of Health. We originally planned to get a very large room for this meeting because we were anticipating the raw milk folks coming in mass and protesting this rule because they don't want to see any regulation.

To be perfectly honest, we were a little blindsided that the actual controversy about this rule was coming from public health folks saying, "No, no, there shouldn't be any raw milk at all; so don't adopt a rule," because we thought -- well, we thought everybody in public health recognized that's already the status quo

and it's not working terribly well. So we're trying to deal with the fact that the status quo isn't working terribly well, and we thought that the raw milk advocates were going to come in and inundate you with --

So we had plans to have, over at the Department of Natural Resources, a big room and microphones and all that so that both the rules committee and this would occur in that environment where everybody could see.

The real question is, if the status quo is what it is, is the best way to deal with it to adopt a rule that seeks to regulate it so we have information about where everybody is and the like or to continue -- in other words, to reject this rule isn't to move in a new direction. It's to keep the current direction, which is it's illegal, but it's not being enforced.

DR. PERSKY: I guess I still don't understand --

REV. MCCURDY: Dr. Persky.

DR. PERSKY: I'm sorry.

REV. MCCURDY: Okay. So let's -- Dr.

Vega had a question or concern, and Beth Fiorini in Springfield.

So, Dr. Vega, please.

DR. VEGA: No, I -- I had a quick one.

Well, first, I appreciate the attempt here. There's some farmer markets and type of other similar issues that have been -- in the past that I've dealt with, and I think that the (unintelligible) reasonable thing that David was -- kind of just indicated.

I wanted to know about the data that would be collected. Is this data regarding infections and outbreaks, or is this something ongoing that would be available to the Board to review intermittently?

REV. MCCURDY: Molly or Dr. Culp, any comment?

MS. LAMB: We can address that through our communicable disease section and communicable disease rules.

But the big part of our trouble, of course, is just the reporting aspect.

DR. CULP: But, Molly --

This is Dave Culp.

The rules will allow, by the regulation, the additional testing.

MS. LAMB: Correct.

DR. CULP: Correct. That is the key, Dr. Vega, I think you're driving at.

So by having these rules in place, it will actually increase our screening ability for the raw milk.

Does that answer your question, sir?

MS. LAMB: Yeah. Sorry. Yeah.

DR. VEGA: Yeah. So if there's data indicating that there's still harm -- I mean, you can't -- you can't make good decisions without data. So if you're gathering it, we can at least get it ongoing for safety.

MS. LAMB: Right. And, actually, the quality counts that are --

(Several speaking at once.)

MS. LAMBY: Sorry.

Actually, the quality counts and the testing is more severe, really, for what we've written in here for the raw milk. For our raw milk that we have a certified sampler collect

from our farms and send it to the private laboratories, such as Prairie Farms, is just somatic cell count and bacteria. So what we've written in here is coliform bacteria, drug residue, somatic cell, you know; so just a little bit more.

REV. MCCURDY: And then, Beth Fiorini, did you still want to ask a question? Raise a comment?

MS. FIORINI: Yes. As a public health administrator, I -- we had a baby almost die a couple years ago, and we did prosecute, and we did shut down the sale on that farm. So it's happening at least in one place -- prosecution.

And then I guess my other problem is -- kind of reflects -- and I don't know everybody's names yet. I'm sorry. The lady who talked a couple minutes ago. At least I could prosecute. What happens when we make these rule changes, and I have to say to that mother of someone who died, "Sorry. You know, we endorsed these rule changes," or "We made these rule changes." Now, at least I can -- you know, I can't -- I can't -- I have to justify that

somehow. At least now we could say, "No, it's banned. If you made those choices, they were your choices. They were bad choices. But we, as Public Health, understand the risks, and we never endorsed them."

I would like to see local public health and DPH work together to figure out a way to ban it completely and then to set up ways to prosecute instead of going the other direction.

That's it. Thank you.

DR. LEE: This is Dr. Lee.

I'd like to make a comment as well.

DR. LOPEZ: This is Dr. Lopez.

Also like to make a comment.

REV. MCCURDY: Okay. Who was the first person, please? Doctor who?

DR. LEE: Dr. Lee.

REV. MCCURDY: Yes. Please go ahead.

DR. LEE: I too would like to state my reservation in regards to these changes as a physician who's also performed some clinical trials. Seems to me that all the data we have so far is pointing in a negative direction. It's quite harmful -- unpasteurized milk -- and it

sounds to me like we are planning on doing a prospective study on our Illinois residents on a product that has known to be harmful, and I have -- I have reservations about that, for certain.

REV. MCCURDY: So your question is would the IRB approve this study.

Dr. Lopez.

DR. LOPEZ: Yeah, a couple of things.

And, first, it's interesting that there was surprise at the local departments' responses, which implies to me that there was no depart -- no representation of local health departments on the stakeholders group that was convened.

Is there -- is it possible to get a list of who all was included in the stakeholders group?

MS. LAMB: Sure. I can give a list of the dairy worker members and those that serve on the Food Safety Advisory Committee.

You know, we -- we -- this group and the committee overall was restructured, back in 2012, with standing work groups that establish

and work toward. You know, the Dairy Work Group and all the work groups are, you know -- some more intact than others because some had been around longer, but it's trying to recruit and gain members. So it wasn't for a lack of trying.

Specific to the Dairy Work Group, however, you know, it is -- it has been known through updates quarterly, whether it's directed to this group or in every update I gave or operational updates to the local health departments, but typically, you know, the Dairy Work Group and all the regulation of dairy is -- is worked, you know, within the division and the Department and the dairy industry.

So much of the projects and what they've been charged with are rulemakings and projects that are better -- they're not really applicable. So I'm not sure if that may be --

REV. MCCURDY: Molly?

DR. CULP: But, Molly --

I'm sorry, Dr. McCurdy.

REV. MCCURDY: Molly?

Yes. Hold on, please.

DR. CULP: Yes, sir. Understood.

REV. MCCURDY: Molly? Okay. This part of the discussion I think is answering the question that was asked in terms of local health departments being part of the conversation apparently not quite as much as might have been optimal, it turns out.

What I want to see is if we could maybe move the discussion a little different direction, not because the issues are not all out there and deserve more discussion, no doubt, but in the time we have, the question is eventually going to come up so is the State Board of Health going to recommend some version of this rule to move forward in the rulemaking process. The sense of the discussion that I am having up to this point is that it will be difficult for the State Board of Health to make that determination today.

So if my reading is at all accurate about that part of it, then I think we need to think about so what's the alternative as a way of proceeding with this rule before us. And I would invite not only conversation or comments from members of the Board and the rules committee but

also members of the staff. Is there a good way to sort of do a plan B that might address some of these concerns or create a process by which that could be done? And then, perhaps, if it came to that, a rulemaking could come back to the Board -- to the rules committee and the Board or not. So what might we do differently?

DR. CULP: If I may, Dr. McCurdy. First of all, thank you. You addressed the first point much better than I could have. So, first of all, thank you for that.

Second of all, I think it's very obvious we have a lot of concerns from local health departments and to really go back and look at what was a very valid question, the level of involvement and engagement by local health departments in the crafting of the rules. I think we can make an easy discernment here that there are concerns.

So I will just speak from the Office of Health Protection on this, that I think there's value in taking a step back, looking at the concerns once again, and working at a reasonable solution to be brought back to the

State Board of Health and move forward rather than continue the discourse and trying to push something through in which we're just going to have increased opposition.

I think it's important that we recognize across the spectrum of public health -- local, regional, and state -- to address what's the best solution for public health in Illinois.

REV. MCCURDY: Thank you, David.

DR. PERSKY: But there was a second question you had was alternative approaches to the rules.

REV. MCCURDY: Well, I'm actually thinking alternative process, to begin with, which might involve an alternative approach to the rule itself. Certainly might tinker with the content as well as the process, right.

DR. PERSKY: So --

REV. MCCURDY: I mean, that would be a result of a discussion, though, not a prejudged conclusion unless we want to recommend a prejudged conclusion.

CHAIRPERSON ORGAIN: The Office of Health Protection and the State Board of Health

and the Department can go back and look and see what needs to happen in regards to these particular rules. The opportunity or the possibilities might include a number of options. We need to allow the process to go forward to define what the next options might be.

DR. PERSKY: I guess my question is, among those options, is there an option of doing nothing but pressuring the enforcers and dealing with the press? And that's beyond the rules committee.

UNIDENTIFIED: Sure.

CHAIRPERSON ORGAIN: That's a possible option.

REV. MCCURDY: Yeah. It wouldn't have to come back to us.

DR. PERSKY: Could there be a larger group with stakeholders from the governor's office, the attorney general, the public that deals beyond the rules?

MR. CARVALHO: This is Dave Carvalho.

I think there could be. I think within this room it is -- you know, all of us, both members of the Board and members of the

staff and members of the public who are in this room, probably that weighing of public health issue versus, you know, personal choice issue, we're very much on one side.

When that conversation extends beyond this room, we may find there are other views on how that's weighed -- just as, you know, sushi is legal and cigarettes are legal and alcohol is legal and all that -- even though, we, as Public Health, might well say those should be shouldn'ts as opposed -- I mean mustn'ts as opposed to shouldn'ts. But, you know, that's what the General Assembly and the process is for.

I think what David has suggested is that we take this back -- if I could, especially -- there are members of the committee who -- of the Board who have been on the committee and rules process for a very long time. There's members of the Board less so and especially new members of the Board.

So as we wrap up this one and, I think, follow Dave's suggestion about taking the rule back, can I make sure that there's one lesson drawn that isn't drawn, and that's this:

The rulemaking process in Illinois for most state agencies can consist of the following: Some person at their desk drafts a rule. Their lawyer signs off, and it goes to JCAR, and it's published, and there are public comments on it. And that is the process. The public has an opportunity to comment on it at that point -- after some person sitting at their desk has just launched it over to JCAR in the process.

We at Department of Public Health have a singularly unique process where, before that person just drafts something at their desk, it also comes here to the State Board of Health which meets four times a year. So that means our rulemaking process is all timed around your four meetings.

And so one of the things you don't see but we see is we regularly get beat up at the General Assembly about "Why are your rules so slow in getting written?" And we say, "Well, we've established a process that we follow."

Now, in addition to that, we have backed into, for good reasons -- and we think it's a good thing -- what David Culp described

where, even before it comes to you, he goes through this process with who he has identified as stakeholders and some of us in other departments do the same thing. So we not only have this process with the State Board of Health that extends the time period for doing rules, but a process we choose on our own that does it.

What the lesson I don't hope you come away with is we should always have a very extensive process before the rules are even drafted that involves multitude of stakeholders. I think we need to be strategic about that, and Dave tried to be strategic and obviously missed some key stakeholders. But if you were to come back to us with the recommendation "You should always try to have a long process involving all the stakeholders," we would -- you know, our rules would take forever to draft.

DR. PERSKY: Understood.

MR. CARVALHO: Yeah. Right. So that's my quota on this.

MS. BROOMFIELD: This is Kish.

We have a comment. We have a --

REV. MCCURDY: I'm sorry.

MS. BROOMFIELD: We have a comment.

REV. MCCURDY: I cannot hear.

MS. BROOMFIELD: We have a comment in Springfield from Beth.

MS. FIORINI: Beth Fiorini.

I just -- I hope DPH thinks about, when you go back, a ban and ways to facilitate the regulation as an alternative.

MR. CARVALHO: Well, certainly, Beth, you know, every -- right now there is ban, and you described a process you went through. So there's 96 other local health departments who could go through this process too. Maybe if you could share that, how you accomplished that with your local enforcement folks.

MS. FIORINI: Hey, maybe we should set up in-services and do just that. That might not be a bad idea.

REV. MCCURDY: So would we -- we need to move on because we have a bunch of other rules to have. I don't have a clear idea what an appropriate motion should be.

CHAIRPERSON ORGAIN: Let me just --

REV. MCCURDY: Go ahead, Dr. Orgain.

CHAIRPERSON ORGAIN: Let me just suggest that we return the two rules, the one for the raw milk and the pasteurizer, to the -- to IDPH for consideration in Office of Protection --

REV. MCCURDY: I don't think the pasteurizer is in the same category.

DR. CULP: You don't have any problem with that one, do you?

REV. MCCURDY: I think we can act on that. You want them to be together?

CHAIRPERSON ORGAIN: Yeah. But if you don't -- yeah. If you're doing -- if you're doing -- if you're doing pasteurized milk and milk products, just -- just doing it altogether, as opposed to segmenting it, if you don't feel that's appropriate, then -- then I will withdraw that consideration. If you want to go on with the pasteurizer, that's fine.

DR. CULP: Yes.

MS. LAMB: Yes.

CHAIRPERSON ORGAIN: What do you want to do?

DR. CULP: We want to take your suggestion and recommendation, Dr. Orgain, with

regard to raw milk. But pasteurizer sealer, because it is a complete separate -- the only commonality is the word "pasteurization" and "milk." We would like to proceed with that --

CHAIRPERSON ORGAIN: That's fine.

DR. CULP: -- because it's a totally separate track.

CHAIRPERSON ORGAIN: That's fine.

DR. LOPEZ: This is Carolyn Lopez.

Let me make a motion. I would move that we return the raw milk issue to the Department of Public Health for reevaluation and resubmission for consideration.

DR. HERRMANN: Second.

REV. MCCURDY: Okay. Second by Jack Herrmann.

Further discussion?

DR. PERSKY: Can I amend that? Not just for reconsideration for resubmission here but for consideration of having a broader group involved in the overall legislative and enforcement issue now.

No. You don't like that.

UNIDENTIFIED: That (inaudible) Dr.

Persky.

REV. MCCURDY: Yeah. I think that's a separate motion.

DR. PERSKY: Okay. Okay.

REV. MCCURDY: Can we begin with the first? Is there any further discussion?

(No response.)

REV. MCCURDY: All in favor, then, please say "Aye."

("Ayes" heard.)

REV. MCCURDY: Opposed, "Nay."

(No response.)

REV. MCCURDY: Abstentions?

(No response.)

REV. MCCURDY: So then it returns.

And then go ahead, Dr. Persky.

DR. PERSKY: Well, I guess I'd like to make a second motion, due to the complexity of this issue, that it go to the appropriate place in IDPH -- and I'm not sure where that is now. Maybe Dave Carvalho -- to form a committee of broader stakeholders in the state at large for consideration of other options of addressing the issue in terms of benefit-to-risk of consumption

of raw milk in the state in terms of potential laws, enforcement, and public health issues. And I'm probably wording this wrong, but I think this should be raised to a different level.

MR. CARVALHO: This is Dave Carvalho.

Perhaps I could suggest -- because I know they did go through this process with the dairy folks and all the other folks, and right now the constituency that seems to have not been adequately involved was the local health departments.

So perhaps the motion might be to recommend that, as the Department reconsiders this rule, they work closely with the local health departments and their representative organizations to address their concerns.

DR. PERSKY: No. No. That's not my -- my concern is that it not just be a health department issue but also an enforcement issue and a legislative issue and that those bodies be involved at the state level.

DR. LOPEZ: This is Carolyn Lopez again.

Perhaps I can offer some wording that

would be helpful.

So, Dr. Persky, would you accept wording like this: I move that, in this reconsideration of the raw milk issue, that the Department include consideration of steps to be taken to -- needed to officially ban this product and to include those enforcement agencies or other agencies that would be necessary to come to that.

DR. CULP: If I may, Dr. Orgain.

CHAIRPERSON ORGAIN: Dr. Culp.

DR. CULP: Thank you.

So this is Dave Culp again, obviously.

In my experience, I respectfully ask that the Board consider this initiative/ motion/plan of action -- I'm trying to speak slow, Dr. McCurdy. You noticed that, I hope -- that we look at a phased approach because, before we go external to all the stakeholders and though we work to reengage, I think it's important we get our, quote, "public health" consensus here.

So I would look at a phased approach, in which phase one we address within the public

health community, local health departments, and IDPH. Then, once we have a consensus as much as practical, then we look at the external.

And from our standpoint -- I would speak, once again, for the Office of Health Protection -- everything is back on the table with regard to -- we all have the same goal here. It's just how we go about achieving it is the key.

DR. PERSKY: Can we --

DR. ORRIS: Dr. Persky, we leave the specifics of the reconsideration and who should be involved given the facts to the Department and based on or not by this discussion.

DR. PERSKY: I think we could --

CHAIRPERSON ORGAIN: Dr. Persky? Yeah. We're -- we're at a real time constraint at this hour. It's 12:30. We've got a significant amount of things to continue with the agenda. I think we get a sense of what your concerns are. But I would certainly have to agree with Dr. Orris to just allow the Department at this time to continue with phasing that concern in regards to who they would involve in

this process. If that's --

DR. PERSKY: Can we include the phasing in a motion?

CHAIRPERSON ORGAIN: I don't -- at this time if -- if -- I would -- I would have to ask the indulgence of the Board in what you'd like to do at this point: to allow the reconsideration of this process to the Department or to consider Dr. Persky's concerns. What is your pleasure? Speak up, Board members.

REV. MCCURDY: This is Dave McCurdy.

At least what I -- what I am hearing from Dr. Persky, I think, is appropriate to consider as one of the options that the Public Health folks consider as they think about this, and I think they've heard the message, and I think that will in some way or other be part of the discussion, particularly given the concerns of the local health departments.

So I at least would say that more formal action, I think, would be premature at this time. But let's go with the formal action we've taken and see what results from that because we can always come back to this, if we

wish to do so.

DR. LOPEZ: This is Dr. Lopez.

I would ditto comments just made.

CHAIRPERSON ORGAIN: Go ahead, please.

DR. HERRMANN: Yeah, Jack Herrmann.

I would just like Molly and Dave to just take -- David Culp, in this case -- to take another good crack at it and give us a clean rules and regulations to reconsider.

CHAIRPERSON ORGAIN: If there are no objections, then I would suggest that we move the agenda.

REV. MCCURDY: Uh-huh. Okay.

CHAIRPERSON ORGAIN: No objections. Thank you.

REV. MCCURDY: On to the rest of our little raft of rules.

CHAIRPERSON ORGAIN: And thank you for all of those who have made some public comment.

We will move from this item, and we will not consider it again in the agenda. So we hope. Okay.

DR. ORRIS: Dr. Orgain.

CHAIRPERSON ORGAIN: Dr. Orris.

DR. ORRIS: I have to leave.

CHAIRPERSON ORGAIN: All right. Thank you.

REV. MCCURDY: Thank you, Dr. Orris.

Now we're on to the plumbers licensing code.

Plumbers licensing code -- somebody in Springfield want to address that with us?

MR. DEWITT: Dr. McCurdy, I think they're looking at reorganizing the schedule. I have committee at 2:00; so I'll appreciate being able to go. But, Molly, if you need to --

MS. LAMB: No, no, no.

MR. DEWITT: Good? All right.

REV. MCCURDY: Do we need to change the order of what we consider here?

MS. BROOMFIELD: No. We're fine.

MR. DEWITT: No, sir. I think we're fine.

REV. MCCURDY: Okay.

MR. DEWITT: Justin DeWitt again. I'm engineering chief in Office of Health

Protection.

And I have for your consideration today three separate rules that affect plumbing licensing, and I hope that they're -- as everyone's leaving, I trust that they're not as nearly as contentious as what we just heard.

To move things along quickly, I will just say that these three codes really look to update each individual section relating to plumbers licensing, plumber contractor registration, and lawn irrigation contractor registration. And to the extent that the Board may want to know, they primarily raise fees and are being updated to match changes in the respective laws that create these codes, and that's the essence of it.

So I'll take any questions specific to any one of them, or I can go through them at detail.

REV. MCCURDY: I'm going to take the liberty of moving that we approve this rule. There was not a great deal of discussion. A number of changes were suggested, most of which are added, except perhaps the website.

MR. DEWITT: The websites were added.

REV. MCCURDY: So I would move to -- move to forward, please. Move to approve and forward for --

DR. SCHNACK: Dr. Schnack.

Second.

REV. MCCURDY: All in favor say "Aye."

("Ayes" heard.)

REV. MCCURDY: Okay. Opposed, "Nay."

(No response.)

REV. MCCURDY: Abstentions?

(No response.)

REV. MCCURDY: Then we will move on to the --

CHAIRPERSON ORGAIN: If I may recommend that we -- due to the time constraints, that we do a consent calendar.

REV. MCCURDY: And tell us what that is.

CHAIRPERSON ORGAIN: Okay. So meaning the consent calendar. You have an item -- agenda item number VI. You have all of the rules that the committee has recommended. If

you want to extract any particular rule for discussion, please let us know. Otherwise, Rev. McCurdy can put forth that we send those -- as a consensus, that we move those forward.

So if there's any member that would like to extract any particular rule for discussion or concerns, please let us know. Otherwise, we will move them all forward.

REV. MCCURDY: And please note this is with the exception of the pasteurizer sealer which we will be considering separately.

CHAIRPERSON ORGAIN: Absolutely.

REV. MCCURDY: I'm amenable to that. So do we need a motion, or do we just need to --

MR. CARVALHO: A motion to approve.

DR. HERRMANN: So moved.

MR. BANASZYNSKI: Second.

REV. MCCURDY: Okay. Jack Herrmann moves. David Banaszynski seconds.

Discussion?

(No response.)

REV. MCCURDY: All in favor please say "Aye."

("Ayes" heard.)

REV. MCCURDY: Opposed, "Nay."

(No response.)

REV. MCCURDY: Okay. So --

DR. PERSKY: For the record, can we add to the motion to approve on consent to include agenda items so that -- which agenda items were included in the consent calendar so that, if somebody was going back to look at the minutes, they could tell that.

REV. MCCURDY: Okay. So this would be agenda items VI B, C, D, E, F, G, H, I, J, K, and L. We already acted on another one.

MR. CARVALHO: And this is Dave Carvalho.

I have to add a caveat, which we won't do in the future. We won't keep changing the agenda.

But you're going off the agenda that was distributed to the Board previously, not the one that was distributed a couple of hours ago?

REV. MCCURDY: The one I brought with me to the city this morning.

MR. CARVALHO: Right.

So, Kish, make note of that for the

record. The items he was referring to was off the agenda that was previously distributed to the Board, not the one that we revised this morning.

REV. MCCURDY: All right, then.

MR. CARVALHO: We won't do that again.

REV. MCCURDY: Yeah. Okay.

And then -- so we have now approved all of those rules for forwarding to the -- for public comment and then the JCAR process.

That leads us to the last item for action that pertains to a rule, and this is actually in the other part of the agenda but would you like me to go ahead and -- and this will be the Grade A pasteurized milk and milk products pasteurizer sealer item, and David Culp or someone else in Springfield want to speak to that, please.

MS. LAMB: Yes. This is Molly Lamb, division chief, Food, Drugs, and Dairies.

So the pasteurizer sealer program is a program that is set forth in the Pasteurized Milk Ordinance which is the FDA document we've incorporated by rule into our Grade A Pasteurized

Milk and Milk Products Code.

It gives -- this pasteurizer sealer program gives us the ability, on an emergency basis, for a plant -- if there's a broken seal due to operational reasons or the equipment not working on the pasteurizer equipment -- for us to certify by training -- first, by knowledge and exam and then, second, by a practicum -- to certify individuals in the industry to check the equipment, test the equipment, reseal the equipment, giving the Department, who is the regulatory agency, ten days to then return to the plant to retest and ensure the equipment's okay and reseal the equipment.

Currently, without this program, we receive notification from plants to -- you know, due to operations to get there ASAP, and we have upwards of, you know, probably 10 to 15 a month that our staff have to -- have to go to the plants at a minute notice to check and reseal the pasteurization equipment.

So, in a nutshell, that's what this program allows us to do.

From the rules committee, the changes

that you brought forth to us -- we did make those changes, and I think they were --

REV. MCCURDY: I don't believe we considered this in the rules committee.

MS. LAMB: Oh, I'm sorry. I'm sorry. Yeah, you're right.

REV. MCCURDY: We did not consider this in the rules committee.

MS. LAMB: You're correct. I'm sorry. Yes.

So I don't know if we want to go line by line, Dr. McCurdy, or --

REV. MCCURDY: Well, just -- just a couple of points on this.

Please tell us: What does it mean to be -- what is the seal that actually is applied here? What does it mean the pasteurizer sealer?

MS. LAMB: Good question.

So the seal actually is -- it's a line of wire, and it's -- and it's a small, round, circular that's got two holes, and the wire goes through it, and we have a press that then has an IDPH symbol on it. So then that certifies that that equipment's been tested and

approved by us on the ground.

REV. MCCURDY: Okay. Thank you.

So are there any questions from members of the Board regarding this rule? Questions? Comments?

CHAIRPERSON ORGAIN: This is Dr. Orgain.

As this new rule was not discussed in the rules committee and the next rules committee is not until --

REV. MCCURDY: May.

CHAIRPERSON ORGAIN: -- May, then it -- in terms of not acting as a committee of the whole, if there should be any additional concerns of the Board members or others after this discussion, then there's certainly still the opportunity to bring that forward. I just want to say that out loud.

REV. MCCURDY: Okay. Thank you.

MR. CARVALHO: Yeah. This is Dave Carvalho again.

Because it's new to some folks, among other things, even after we publish it, of course, a State Board of Health member, just like

any member of the public, can submit a comment into the rulemaking process and comment on a rule that something occurred to them after the meeting. So you still have all the rights of a member of the public to comment on the rule during the rulemaking process.

REV. MCCURDY: This is Dave McCurdy again.

I'm going to raise one other concern, and that is there is a reference to the industry acknowledging that the product produced could be re-called if the product was not correctly pasteurized. What I don't recall seeing in the rule was some provision that directly addressed that possibility, but I may have read it wrong. Is that addressed in this rule or somewhere else?

MS. LAMB: And it might be -- this -- the part that we're really doing here is the -- is the actual program itself to certify these individuals is what this rulemaking targets.

So in the PMO, though, it does outline the -- the -- you know, that it may be re-called and the appropriate -- and the appropriate steps thereafter.

REV. MCCURDY: So that's in the Pasteurized Milk Ordinance and doesn't need to be in this rule. Okay. Incorporated by reference.

MS. LAMB: Yes.

REV. MCCURDY: Okay. So --

MS. LAMB: And all --

REV. MCCURDY: I would move that we move this rule forward for the rulemaking process.

Is there a second?

DR. HERRMANN: Yeah.

REV. MCCURDY: Second by Jack Herrmann.

Further discussion?

(No response.)

REV. MCCURDY: All in favor say "Aye."

("Ayes" heard.)

REV. MCCURDY: Opposed say "Nay."

(No response.)

REV. MCCURDY: Abstentions?

(No response.)

REV. MCCURDY: Then we will move this one forward for the rulemaking process also.

Thank you.

MR. CARVALHO: Dr. Orgain, this is Dave Carvalho.

If I can take one moment to really thank the Board. This was the most number of rules that we've ever had to process at one time. With rare exception, these are rules that we have to process. As the legislature passes a law, they want rules within a certain period of time. In a number of instances, it's been cleanup. Because we do this four times a year, it was a massive undertaking. We really appreciate the tremendous amount of effort.

And I also would like to thank Kish because you may not have noticed but we've had a transition in the staff who handles this. So we had a new person who had to learn this process in a flood of paperwork that came because of all these rules and changes to your agenda such as adding the public comment period -- section and having a special meeting, which we haven't had in forever, and then securing a larger room because we thought we were going to be flooded with people wanting to complain about the marijuana

rules and the raw milk rules.

So I really want to thank Kish. Thank your indulgence for some of the glitches along the way as we adjusted to this huge volume, and we are going to institute a process going forward -- and I've talked about it with Rev. McCurdy -- to give you more of a heads up if we can see that we are going to have a flood. We can't really space them out because that adds three months', six months' delay to rules, but when we see there's going to be a big flood, to try to -- you know, like they do with a levee where they let a little water out at a time, not wait till we have all ten of them and then send them to you in one big slug. And give you -- your committee the option of saying, you know, we'd really like to space this over two meetings rather than one really long one, for example.

REV. MCCURDY: So if we even know ahead, some warning.

MR. CARVALHO: Yes.

CHAIRPERSON ORGAIN: So that was going to be part of my closing comments in regards to introducing our new staff person to

the Board, Kish, because I wanted her to say a little bit about herself, but we'll hold that for a minute. So, Kish, don't go anyplace, and you can introduce yourself.

And so I want to thank everyone who's participated. And I certainly want to thank Dr. Persky for raising her concerns and ensure that those concerns are addressed when we go back on that pasteurized milk.

So I believe we're done.

REV. MCCURDY: We are done. And thank you, everybody, and I would echo the thanks to Kish for the work she did.

(Several speaking at once.)

CHAIRPERSON ORGAIN: We're just got through rules. We're not adjourned yet. Okay. We got a lot more on this -- we have a few more things on this agenda.

So now we're on item VII B, which is Evaluation of Alternative Health Care Model: Postsurgical Recovery Care Centers. Bill Dart, please.

MR. DART: Good afternoon.

This is part of the Alternative

Health Care Delivery Act. It's for the Board and the Department to evaluate these models to then make a recommendation about their effectiveness and whether they should continue in the state. We're bringing to you today a plan to evaluate --

MR. CARVALHO: Bill?

MR. DART: Yes.

MR. CARVALHO: Bill, could I interrupt for a moment?

MR. DART: Absolutely.

MR. CARVALHO: Kish, was this distributed? None of the Board members here recall having received this. Was this distributed to the Board?

(Several "No's" heard.)

MR. CARVALHO: Okay. Well, then, we probably should defer until the next meeting.

MR. DART: Okay.

CHAIRPERSON ORGAIN: Sorry, Bill.

MR. DART: Okay. That's fine.

CHAIRPERSON ORGAIN: I do have it. However, I just -- I just received it this morning; and, as I was in travel, I didn't know if it had been distributed to the Board members.

MR. DART: All right.

CHAIRPERSON ORGAIN: So we apologize but --

MR. DART: That's okay. We'll bring it back. That's fine.

CHAIRPERSON ORGAIN: Thank you very much. But that wouldn't be until -- that wouldn't be until June.

MR. DART: Okay. We'll see you in June.

CHAIRPERSON ORGAIN: Thank you.

All right. Moving forward with the agenda item number VIII. We've discussed the "A" with SHIP 2016.

What I'd like to do is rearrange it and have William Moran speak, item number D, and then we can come back to the other items on the agenda.

Is William Moran there?

MS. LAMB: He's not right now. Elizabeth is stepping out to see if Dr. Culp would like to address it.

CHAIRPERSON ORGAIN: Okay. Then while we're waiting, I'm going to go to item

number C, which is general communications from members.

We have -- we've gotten a lot -- this season we've got very active members, I'm happy to say, in regards to providing information to Board members, and it's been informative.

But we just need to discuss how we want to do that. Preferably, of course, sending it to Kish to avoid the Open Meetings Act, and I think that Kish will send it to me, so that you know, as opposed to immediate distribution.

Is that acceptable?

(No response.)

CHAIRPERSON ORGAIN: If there's no objection, then that's the process we'll use.

MR. CARVALHO: And for the transcript, of course, you meant to comply with the Open Meetings Act, not to avoid it.

CHAIRPERSON ORGAIN: Right. Right. Yes, to comply. To avoid violating the Open Meetings Act. Thank you very much.

Now, can we move to item number D?

REV. MCCURDY: That's an appropriate process, by the way.

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

Item number D. Anyone available for that?

DR. CULP: Dr. Orgain.

CHAIRPERSON ORGAIN: Yes, please.

DR. CULP: So Bill Moran is not present. He had another conflict.

CHAIRPERSON ORGAIN: Okay.

DR. CULP: And I don't have a frame of reference. What would you like? Just to let everyone know --

CHAIRPERSON ORGAIN: I don't know.

David?

MR. CARVALHO: This was his reporting on the hearings that have been held on -- with the State Board of Health. The only other person who was probably there was Karen, and she's lost her voice on the phone.

CHAIRPERSON ORGAIN: Right.

MR. CARVALHO: So Bill was going to report on what transpired in the hearings and where this rule stands. Are you --

DR. CULP: Yes. I'm prepared.

CHAIRPERSON ORGAIN: -- in a position to do that?

DR. CULP: I'm prepared. Thank you, Dave.

So the hearing's been completed, as required, for any changes in the immunization code for north, central, and south. There were no issues brought forth that would lead to any changes.

Once again, this captures statutory changes to update the rules to be consistent for 665, 695.

CHAIRPERSON ORGAIN: Then that's all we needed in terms of information as it was on the agenda. So thank you for providing that update.

DR. CULP: No. Thank you, Dr. Orgain.

CHAIRPERSON ORGAIN: So that leaves -- I -- actually, the item number B is a general discussion. So I'm going to leave that to the absolute end so that we can have a legislative update, item number IX on the agenda.

MR. CARVALHO: Okay. I'll jump in

here.

Kim Egonmwan is our chief of legislative affairs, and as you've kind of picked up from this meeting, as people popped in and out, the legislature is in session right now; and, in fact, there's an ebb and flow to their work. Sometimes they're off; sometimes they're doing hearings; sometimes they're on the floor. But the time when we're most busy is this week and next week when they're in one of their deadline races to get bills out of committee, and that's where Kim is right now. So she had planned on being here but was unable to.

We have several items that are on our legislative agenda -- four or five -- where we are affirmatively pressing them. One she's working right now, in fact, is that hospital licensing fee bill that we've talked about in the past. We've gotten that out of the Senate several times, and it's always been lost in the House. So this year we've got it in the House. We've picked up some additional sponsorship. It's looking pretty good. The hospital association's on board.

As a refresher, it's $55 annual license fee per bed for hospitals. Wouldn't be more than $45,000 for any hos -- the largest hospital and as small as $1,275 for the smallest hospital, and it would be about -- 55 percent of it would pay for implementing finally the Adverse Health Care Event Reporting Law that Mary is drooling to implement. She's adopted the rules. She's got a vendor selected. She just needs the funds. And the other half would -- as you all know -- and most people don't -- we do not follow up on every complaint in a hospital. In fact, we only do inspections for hospital complaints that tie into some condition or participation the federal government authorizes us to look into because they will pay for 50 percent of it.

So the other 45 percent of these fees would go to fund the ability to inspect or deal with appropriately every complaint and then also work with the IHA on any other patient safety and quality initiatives that we mutually agree upon. So we've been really thrilled to have the support and worked very nicely with IHA on this. We've just run into in the past a problem that --

especially in the House. They're often leery of voting on fee bills because they're often worried about how their opponents in primaries and general elections will use that and characterize them as tax raisers, even though, obviously, a license fee on hospitals is in a different category.

But more importantly and the reason why Kim is very busy is because there are all the same proposals year in and year out -- 6,000 bills usually. Perhaps 600 of them do we track. And so we have to take positions for, against, and neutral on many of them.

And if there's any particular bill that you are aware of that you were interested in what is the Department's position, I do not know it sitting here, but we can get it to you. We go through a process where someone in our agency reviews every health bill, clears it with the director's office. That gets cleared with the governor's office, and then we have an official position. And at that point, when it's been cleared by the governors's office, we are in a position to tell you what IDPH's position is.

CHAIRPERSON ORGAIN: All right. Thank you.

We're doing pretty good in terms of timing. I was worried based on the agenda.

So what I'd like to do now is go back to VIII B and just say that that was for information to members to know what's happening in regards to dentists administering vaccines. We do have a member on the Board who provided that information to us.

Based on what David has just advised us, I would like to know if there's an official Department position on dentists administering vaccines.

MR. CARVALHO: There may be. I do not know, and I will tell you this: There is a bill to do this, and if you look at the position slips, it winds up right now exactly the way you would expect: The dental society is supportive. The -- some of the medical organizations are opposed. The local health department groups -- some of them are opposed, and I don't believe the Department's position has yet been vetted by the governor's office.

I know we do have an oral health program, and everybody is always torn between -- on this and other -- some more bills between a desire to see vaccination be as widespread as possible. And so on that theory, you'd say anybody who has the training or is close enough that through additional training can do it, you want doing it. Sort of an every door policy or every window -- door policy.

And the contrary is, among other things, there's issues of -- concerns of safety and concerns about fractured health care. If little pieces of your health care are delivered in a lot of different places, is that any way for us to keep track of things.

So, for example, the Department in the past, when pharmacies wanted the authority for immunizations, while there was some opposition from medical groups and some local health departments, our position was, if this were to become law, we want to mandate that everybody participate in I-CARE so that there is that registry of immunizations that we keep. Can be a repository so that a pediatrician knows, oh,

my patient has already gotten this vaccine over at Walgreens or at the local health department or whatever.

So we've tried to take a systems approach as opposed to, you know, which silo should be doing it. I don't know what our final position is on this bill.

CHAIRPERSON ORGAIN: Okay. And that was all I wanted to do in terms of putting it on the agenda. You have the information, and you've had information from David in regards to that particular discussion.

We are now at item number X on the agenda which is the announcements.

Are there any?

I heard someone.

REV. MCCURDY: I heard an "Umm."

CHAIRPERSON ORGAIN: I heard an "Umm." No? All right.

So let me just say that at our last meeting -- after our last meeting, we learned of the transition: Cleatia Bowen, who was our assistant to the Board and, as David has indicated, we have now Kish Broomfield, and I'd

like to say that over the last several months of working with her, it's been a delight and welcome her as the assistant. All of you have been actively engaged with her.

And, Kish, can you say something about yourself.

MS. BROOMFIELD: Sure. I'm Kish Broomfield. I've been with the Department since -- for about a year now. I recently started working --

CHAIRPERSON ORGAIN: We can't see you. On this side, we can't see you.

DR. CULP: Just stand in front of the TV.

MS. BROOMFIELD: Oh, wow.

DR. CULP: She's working her way around, Dr. Orgain.

CHAIRPERSON ORGAIN: Go to the head of the table.

MS. BROOMFIELD: Okay.

CHAIRPERSON ORGAIN: Good. Thank you.

MS. BROOMFIELD: Yes. My name is Kish Broomfield. I have been with the Department

for a little over a year. I recently took over assisting the Board when Cleatia retired. So I've been doing this for maybe about two months.

Previously I worked for the Illinois General Assembly in the Speaker's office for ten years doing legislative work, working with members, committees, legislative agendas, getting bills passed, and things of that nature. So I continue that work in the gov affairs division here, and that's all.

CHAIRPERSON ORGAIN: All right. Thank you for taking the time and thank you for your work. You hit the ground -- Kish hit the ground more than running -- speed racing. So thank you very much for the assistance in terms of the Board.

I have no other announcements.

MR. CARVALHO: I have -- this is Dave Carvalho.

I have three quick ones. First, introduce Matt Charles, who is off our camera, assistant division chief for our laboratories.

CHAIRPERSON ORGAIN: Very good. Thank you.

MR. CARVALHO: Second, I just confirmed that our position on the dentist vaccination bill is officially neutral.

And, third, just to give you a heads up, please read the notice of the next meeting carefully. We'll put it in bold. There's a possibility that the meeting will not be in this room. As some of you may know, most of the people who are currently on this floor will be moving to 69 West Washington building. They tell us that that will be in May. I pause for laughter there. But if it, in fact, happens in May, it also has conference room capabilities, and we'll just kind of play it by ear as to which conference room is best suited for this meeting. So don't automatically come here out of instinct because we may actually be in a different room.

CHAIRPERSON ORGAIN: With that last announcement, if there's no objection, we are adjourned, and thank you for your attention.

I hear no objection. Great.

(Meeting adjourned at 1:00 P.M.)

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