



**ORIGINAL**

**STATE BOARD OF HEALTH  
ILLINOIS DEPARTMENT OF PUBLIC HEALTH**

**BOARD MEETING**

**MARCH 20, 2014**

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**NATIONWIDE SCHEDULING**

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

THURSDAY, MARCH 20, 2014

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

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

10

PARTICIPANTS FROM ILLINOIS DEPARTMENT OF PUBLIC  
11 HEALTH:

- 12 Mr. David Carvalho (in Chicago)  
Ms. Mary Driscoll (in Chicago)  
13 Ms. Leticia Reyes (in Chicago)  
Dr. David Culp (in Springfield)  
14 Ms. Molly Lamb (in Springfield)  
Mr. Justin DeWitt (in Springfield)  
15 Mr. Bill Dart (in Springfield)  
Ms. Kish Broomfield (in Springfield)

16

17 PUBLIC COMMENT SPEAKERS:

- 18 Mr. Lawrence Mackey (in Springfield)  
Ms. Elizabeth Bilotta (in Springfield)  
19 Dr. Rashmi Chugh (in Springfield)  
Mr. Kevin Dixon (in Springfield)  
20 Mr. Tom Hughes (in Springfield)

21 COURT REPORTER:

- Robin A. Enstrom, RPR, CSR  
22 Illinois CSR #084-002046  
Midwest Litigation Services  
23 15 S. Old State Capitol Plaza  
Springfield, Illinois 62701  
24 217.522.2211/800.280.3376

1 REV. MCCURDY: I've been asked to be  
2 the acting chair today as co-chair of the  
3 committee until Dr. Orgain can arrive.

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

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

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

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

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

22 Is that enough? Good enough?

23 REV. MCCURDY: That's wonderful.

24 MS. FIORINI: Okay. Thanks.

1 DR. CULP: Dr. McCurdy?  
2 REV. MCCURDY: Thank you and welcome.  
3 MS. FIORINI: Thank you.  
4 REV. MCCURDY: Say it again.  
5 DR. CULP: Dr. McCurdy, this is Dave  
6 Culp in Springfield.  
7 We need -- Kish needs to do a roll  
8 call, sir, before we can start into the agenda,  
9 for the record.  
10 Correct, Kish?  
11 MS. BROOMFIELD: Yes.  
12 REV. MCCURDY: All right. Go ahead.  
13 MS. BROOMFIELD: Julie Adkins.  
14 DR. ADKINS: I'm on.  
15 MS. BROOMFIELD: Dave Banaszynski.  
16 COURT REPORTER: I'm sorry?  
17 MS. BROOMFIELD: David? You're  
18 present.  
19 Pat Basu.  
20 (No response.)  
21 MS. BROOMFIELD: Valarie Conrad.  
22 DR. CONRAD: Present.  
23 MS. BROOMFIELD: Jorge Girotti.  
24 REV. MCCURDY: She said present,

1 Kish.

2 MS. BROOMFIELD: Yeah. I went to the  
3 next one. I might be mispronouncing this.

4 Girotti, G-i-r-o-t-t-i.

5 REV. MCCURDY: Jose Girotti.

6 MS. BROOMFIELD: Yes.

7 MR. CARVALHO: Jorge.

8 REV. MCCURDY: Jorge. I'm sorry.

9 MS. BROOMFIELD: Not present? Okay.

10 John Herrmann.

11 DR. HERRMANN: Here.

12 MS. BROOMFIELD: June Lee.

13 DR. LEE: Present.

14 MS. BROOMFIELD: Carolyn Lopez.

15 DR. LOPEZ: Present.

16 MS. BROOMFIELD: Fred Margolis.

17 Fred?

18 (No response.)

19 MS. BROOMFIELD: Rev. McCurdy.

20 REV. MCCURDY: Here.

21 MS. BROOMFIELD: Dr. Orgain.

22 (No response.)

23 MS. BROOMFIELD: Peter Orris.

24 DR. ORRIS: I'm here.



1 MS. BROOMFIELD: Victoria Persky.

2 DR. PERSKY: Present.

3 MS. BROOMFIELD: Karen Phelan.

4 MS. PHELAN: Here. Here.

5 MS. BROOMFIELD: Babette Sanders?

6 DR. SANDERS: Here.

7 MS. BROOMFIELD: Monica Schnack.

8 DR. SCHNACK: Here.

9 MS. BROOMFIELD: Timothy Vega.

10 DR. VEGA: Here.

11 MS. BROOMFIELD: I believe that's all

12 members, and with a quorum present we can

13 proceed.

14 REV. MCCURDY: All right. Thank you,

15 Kish.

16 This is David McCurdy again.

17 We have on the agenda, a period for

18 public comment, and since we haven't had one of

19 these for a while, it says that we should be

20 beginning with people who are registered to

21 speak.

22 Kish, have you had people to register

23 to speak with you?

24 MS. BROOMFIELD: Yes. I have five

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

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

5 REV. MCCURDY: You have three minutes  
6 for comments.

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

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

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

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

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

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

8 MS. BROOMFIELD: Excuse me just for a  
9 second.

10 Chicago, could you mute your phone?

11 REV. MCCURDY: Yes.

12 COURT REPORTER: Somebody is dragging  
13 papers over the microphone.

14 MS. BROOMFIELD: Okay. Sorry.

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

1 with sales.

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

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

11 Thank you.

12 MS. BROOMFIELD: Thank you.

13 We have --

14 CHAIRPERSON ORGAIN: Good morning.

15 MS. BROOMFIELD: I'm sorry.

16 CHAIRPERSON ORGAIN: Is that Kish?

17 MS. BROOMFIELD: Yes.

18 CHAIRPERSON ORGAIN: All right.

19 Good morning. This is Dr. Orgain.

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

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

1 MS. BILOTTA: No, I do.

2 MS. BROOMFIELD: You do? Okay.

3 The next person who is listed is  
4 Terry Mason.

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

8 MS. BROOMFIELD: No.

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

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

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

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

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

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

6           However, if you look at also in the  
7 proposed rules, 775.55, it also states clinical  
8 and epidemiological studies have established a  
9 direct association between gastrointestinal  
10 disease and the consumption of raw milk.

11 Proper pasteurization of raw milk is the only  
12 proven and reliable method to decrease the amount  
13 of harmful organisms to levels safe for human  
14 consumption.

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

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

3           Among dairy product-associated  
4 outbreaks reported to CDC between 1998 and 2011,  
5 79 percent were due to raw milk or cheese. 148  
6 outbreaks due to consumption of raw milk or raw  
7 milk products reported to CDC in that time frame  
8 resulted in 2,384 illnesses, 284  
9 hospitalizations, and two deaths, and a  
10 substantial portion of raw milk-associated  
11 disease burden is on children. Out of those  
12 reported illnesses in that time period, 82  
13 percent of them included a younger person under  
14 the age of 20.

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

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

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

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

10 Thank you.

11 CHAIRPERSON ORGAIN: Thank you and  
12 timely.

13 Kish, the next speaker.

14 MS. BROOMFIELD: The next speaker is  
15 Rashmi Chugh.

16 DR. CULP: Rashmi Chugh.

17 MS. BROOMFIELD: Rashmi Chugh.

18 DR. CULP: Doctor.

19 MS. BROOMFIELD: Doctor. Sorry.

20 DR. CHUGH: That's all right.

21 CHAIRPERSON ORGAIN: Hello,

22 Dr. Chugh. How are you?

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



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

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

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

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

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

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

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

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

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

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

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

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

16 CHAIRPERSON ORGAIN: Thank you.

17 Kish.

18 MS. BROOMFIELD: We have Kevin Dixon.

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

24 The two comments I wanted to talk

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

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

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

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

10 That's the conclusion of my comments.

11 CHAIRPERSON ORGAIN: Thank you.

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

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

16 MS. BROOMFIELD: Okay.

17 REV. MCCURDY: You have to be  
18 registered.

19 MR. HUGHES: I did.

20 MS. BROOMFIELD: Did I get one?

21 REV. MCCURDY: Okay.

22 MR. HUGHES: You should have it.

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

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

4 MS. BROOMFIELD: You filled out a  
5 sheet?

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

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

10 CHAIRPERSON ORGAIN: Go ahead,  
11 please.

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

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

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

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

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

9 Thank you.

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

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

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

21 So Beth Fiorini -- is she in  
22 Springfield?

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

1 CHAIRPERSON ORGAIN: You've been  
2 introduced.

3 Thank you very much.

4 REV. MCCURDY: Uh-huh.

5 CHAIRPERSON ORGAIN: All right.

6 Dr. Hasbrouck will be --

7 MR. CARVALHO: This is Dave Carvalho.

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

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

18 CHAIRPERSON ORGAIN: Thank you,  
19 David.

20 We'll move on to item number IV on  
21 the agenda which will be approval of the meeting  
22 summaries from December 19th and February the  
23 18th.

24 We can take them together, if there



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

3 DR. SANDERS: This is Babette  
4 Sanders.

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

8 MS. BROOMFIELD: I'll add your name.

9 DR. SANDERS: Thank you.

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

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

15 MS. BROOMFIELD: The summary --

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

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

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

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

3 CHAIRPERSON ORGAIN: Okay.

4 REV. MCCURDY: -- perhaps there is.

5 CHAIRPERSON ORGAIN: And I would ask  
6 that if there are -- one more time if there are  
7 any additional comments or corrections.

8 Otherwise, we can approve of the meeting  
9 summaries for both dates with consensus.

10 (No response.)

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

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

19 Otherwise, we'll move to Leticia  
20 Reyes.

21 She's on her way. Okay.

22 Mary.

23 MS. DRISCOLL: Yeah. Great. Hi.

24 This is Mary Driscoll. I'm the division chief of

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

8 CHAIRPERSON ORGAIN: And can everyone  
9 hear?

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

12 CHAIRPERSON ORGAIN: Springfield?

13 DR. CULP: Yes.

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

1 Okay?

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

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

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

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

24 And in order to participate -- to be

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

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

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

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

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

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

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

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

17                   That's my update.

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

21                   DR. SANDERS: Babette Sanders.

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

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

5 DR. SANDERS: Okay.

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

15 REV. MCCURDY: Dave McCurdy.

16 Mary, once again, what does XDRO  
17 stand for?

18 MS. DRISCOLL: Extensively drug-  
19 resistant organism.

20 REV. MCCURDY: Okay.

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

23 DR. HERRMANN: Jack Herrmann.

24 Mary, on the same graph, it's very



1 hard to read.

2 MS. DRISCOLL: Yes.

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

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

15 CHAIRPERSON ORGAIN: Any additional  
16 questions?

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

19 MS. DRISCOLL: I'll send --

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

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

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

2 CHAIRPERSON ORGAIN: Thank you so  
3 much. Appreciate it.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 Another goal of the upcoming meeting  
2 will also be to talk about some sustainability  
3 planning for We Choose Health. We Choose Health  
4 is the state's community transformation grant.  
5 I'm sure -- you may or may not know that that  
6 funding source was cut, and the project will --  
7 the funding of the project will end on September  
8 29th of this year. That project funded 58  
9 counties around the state to do policy, systems,  
10 and environmental change to transform the health  
11 of their communities. Really a great community  
12 empowerment model to support multisectoral  
13 coalitions around the state. Really amazing  
14 accomplishments. We have a lot of really great  
15 work that's happened, and so we're really needing  
16 to think about how to sustain this work.

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

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

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

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

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



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

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

5 CHAIRPERSON ORGAIN: Thank you.

6 Are there any questions for Leticia?

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

14 MR. CARVALHO: Okay. This is Dave.

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

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

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

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

12 CHAIRPERSON ORGAIN: Thank you.

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

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

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

1 comment still in Springfield?

2 (Several "Yes's" heard.)

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

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

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

19 You were in transit --

20 CHAIRPERSON ORGAIN: I know.

21 MR. CARVALHO: Right. Okay. Thank  
22 you.

23 CHAIRPERSON ORGAIN: Go ahead,  
24 please.

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

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

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

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

12 REV. MCCURDY: Okay.

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

16 REV. MCCURDY: Okay.

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

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

22 CHAIRPERSON ORGAIN: Okay.

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

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

4 REV. MCCURDY: Yes.

5 CHAIRPERSON ORGAIN: And then we'll  
6 proceed --

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

10 MR. CARVALHO: Dave Carvalho.

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

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

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

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

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

23 REV. MCCURDY: Yeah. I understand --

24 CHAIRPERSON ORGAIN: If you'll

1 forgive us.

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

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

7 REV. MCCURDY: Okay.

8 CHAIRPERSON ORGAIN: Thank you.

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

12 DR. WILLIAMSON: This portion of  
13 the --

14 COURT REPORTER: Your name.

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

17 DR. CULP: Dr. Williamson.

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

23 REV. MCCURDY: And this is David  
24 McCurdy again.

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

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

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

9 DR. ORRIS: Peter Orris.  
10 Second.

11 COURT REPORTER: Thank you.

12 REV. MCCURDY: Peter Orris seconded.  
13 So it's been moved and seconded.

14 Any discussion?

15 (No response.)

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

18 ("Ayes" heard.)

19 REV. MCCURDY: Opposed, "Nay."

20 (No response.)

21 REV. MCCURDY: Any abstentions?

22 (No response.)

23 REV. MCCURDY: Then we have approved  
24 that one.

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

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

9                   So please go ahead.    AIDS drug  
10                  assistance program.

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

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

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

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

23                 DR. WILLIAMSON:   Thank you.

24                 REV. MCCURDY:   Dr. Orgain, you have a



1 question?

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

6 REV. MCCURDY: Okay. So let's be  
7 sure that we have that correction, in addition to  
8 changing what we already did change, 180,000 to  
9 108,000.

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

12 Is there a second?

13 DR. PERSKY: Second.

14 REV. MCCURDY: And that was?

15 DR. PERSKY: Me. Vickie Persky.

16 REV. MCCURDY: Dr. Persky.

17 So a second on that.

18 Any discussion?

19 (No response.)

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

22 ("Ayes" heard.)

23 REV. MCCURDY: Opposed, "Nay."

24 (No response.)

1 REV. MCCURDY: Abstentions?

2 (No response.)

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

7 DR. WILLIAMSON: Thank you.

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

10 Thank you.

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

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

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

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

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

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

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

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

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

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

11 DR. CULP: Yeah.

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

14 Dave Culp, Office of Health  
15 Protection.

16 And I want to thank our local health  
17 departments --

18 CHAIRPERSON ORGAIN: Introduce  
19 yourself.

20 DR. CULP: Yes, I did.

21 CHAIRPERSON ORGAIN: Okay. Go ahead.

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

23 Thank you.

24 So I want to thank everyone from the

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

3 A couple comments of clarification.

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

11 REV. MCCURDY: David? David?

12 DR. CULP: Yes.

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

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

20 REV. MCCURDY: Thank you.

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

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

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

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

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

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

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

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

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

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

15 CHAIRPERSON ORGAIN: Thank you,  
16 Dr. Culp.

17 DR. CULP: Appreciate it. Thank you.

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

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

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

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



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

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

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

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

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

24           MS. LAMB: Sure.

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

7           MS. LAMB: Sure.

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

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

24           So I can tell you, from the rules

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

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

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

1 of the farmer and to define that better.

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

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

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

23 MS. LAMB: Okay.

24 REV. MCCURDY: I suspect there maybe

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

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

5 DR. SANDERS: This is Babette  
6 Sanders.

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

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

24 (Several "No's" heard.)

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

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

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

16 This is Dave Culp, Health Protection.

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

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

24 The realty is at this point in time

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

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

21 UNIDENTIFIED: I have a question.

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

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

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

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

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



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

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

7 Somebody on the phone, and then Dr.  
8 Persky.

9 (Several speaking at once.)

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

12 DR. ORRIS: Who goes first?

13 REV. MCCURDY: Dr. Orris.

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

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

24 And then second of all is more a

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

8 Thank you.

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

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

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

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

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

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

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

10 REV. MCCURDY: Okay. Thank you.  
11 Go ahead, Dr. Persky.

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

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

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

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

13 MR. CARVALHO: This is Dave Carvalho.

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

17 DR. PERSKY: Right.

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

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

22 DR. PERSKY: Even on-site.

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

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

7 DR. PERSKY: So it's illegal now.

8 MR. CARVALHO: It's illegal now.

9 And, as Molly said, they've spent the last year  
10 working with the dairies, the raw milk people,  
11 advocates, all sorts of folks, and it is  
12 widespread. Now, it's not widespread like, you  
13 know, Jewel, Dominick's, and all that; but it is  
14 widespread.

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

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

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

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

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

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

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

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

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

22 REV. MCCURDY: Dr. Persky.

23 DR. PERSKY: I'm sorry.

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

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

3 So, Dr. Vega, please.

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

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

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

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

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

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

24 DR. CULP: But, Molly --



1 This is Dave Culp.

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

4 MS. LAMB: Correct.

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

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

10 Does that answer your question, sir?

11 MS. LAMB: Yeah. Sorry. Yeah.

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

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

19 (Several speaking at once.)

20 MS. LAMBY: Sorry.

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

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

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

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

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

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

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

10 That's it. Thank you.

11 DR. LEE: This is Dr. Lee.

12 I'd like to make a comment as well.

13 DR. LOPEZ: This is Dr. Lopez.

14 Also like to make a comment.

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

17 DR. LEE: Dr. Lee.

18 REV. MCCURDY: Yes. Please go ahead.

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

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

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

8 Dr. Lopez.

9 DR. LOPEZ: Yeah, a couple of things.

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

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

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

22 You know, we -- we -- this group and  
23 the committee overall was restructured, back in  
24 2012, with standing work groups that establish

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

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

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

19           REV. MCCURDY: Molly?

20           DR. CULP: But, Molly --

21           I'm sorry, Dr. McCurdy.

22           REV. MCCURDY: Molly?

23           Yes. Hold on, please.

24           DR. CULP: Yes, sir. Understood.

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

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

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

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

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

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

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

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

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

9 REV. MCCURDY: Thank you, David.

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

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

18 DR. PERSKY: So --

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

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



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

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

12 UNIDENTIFIED: Sure.

13 CHAIRPERSON ORGAIN: That's a  
14 possible option.

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

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

21 MR. CARVALHO: This is Dave Carvalho.

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

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

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

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

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

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

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

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

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

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

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

19           DR. PERSKY: Understood.

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

22           MS. BROOMFIELD: This is Kish.

23           We have a comment. We have a --

24           REV. MCCURDY: I'm sorry.

1 MS. BROOMFIELD: We have a comment.

2 REV. MCCURDY: I cannot hear.

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

5 MS. FIORINI: Beth Fiorini.

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

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

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

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

23 CHAIRPERSON ORGAIN: Let me just --

24 REV. MCCURDY: Go ahead, Dr. Orgain.

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

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

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

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

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

19 DR. CULP: Yes.

20 MS. LAMB: Yes.

21 CHAIRPERSON ORGAIN: What do you want  
22 to do?

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

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

5 CHAIRPERSON ORGAIN: That's fine.

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

8 CHAIRPERSON ORGAIN: That's fine.

9 DR. LOPEZ: This is Carolyn Lopez.

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

14 DR. HERRMANN: Second.

15 REV. MCCURDY: Okay. Second by Jack  
16 Herrmann.

17 Further discussion?

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

23 No. You don't like that.

24 UNIDENTIFIED: That (inaudible) Dr.

1 Persky.

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

4 DR. PERSKY: Okay. Okay.

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

7 (No response.)

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

10 ("Ayes" heard.)

11 REV. MCCURDY: Opposed, "Nay."

12 (No response.)

13 REV. MCCURDY: Abstentions?

14 (No response.)

15 REV. MCCURDY: So then it returns.

16 And then go ahead, Dr. Persky.

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



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

5 MR. CARVALHO: This is Dave Carvalho.

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

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

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

22 DR. LOPEZ: This is Carolyn Lopez  
23 again.

24 Perhaps I can offer some wording that

1 would be helpful.

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

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

11                   CHAIRPERSON ORGAIN: Dr. Culp.

12                   DR. CULP: Thank you.

13                   So this is Dave Culp again,  
14 obviously.

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

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

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

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

10 DR. PERSKY: Can we --

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

15 DR. PERSKY: I think we could --

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

1 this process. If that's --

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

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

11 REV. MCCURDY: This is Dave McCurdy.

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

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

1 wish to do so.

2 DR. LOPEZ: This is Dr. Lopez.

3 I would ditto comments just made.

4 CHAIRPERSON ORGAIN: Go ahead,

5 please.

6 DR. HERRMANN: Yeah, Jack Herrmann.

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

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

14 REV. MCCURDY: Uh-huh. Okay.

15 CHAIRPERSON ORGAIN: No objections.

16 Thank you.

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

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

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

1 DR. ORRIS: Dr. Orgain.

2 CHAIRPERSON ORGAIN: Dr. Orris.

3 DR. ORRIS: I have to leave.

4 CHAIRPERSON ORGAIN: All right.

5 Thank you.

6 REV. MCCURDY: Thank you, Dr. Orris.

7 Now we're on to the plumbers

8 licensing code.

9 Plumbers licensing code -- somebody

10 in Springfield want to address that with us?

11 MR. DEWITT: Dr. McCurdy, I think

12 they're looking at reorganizing the schedule. I

13 have committee at 2:00; so I'll appreciate being

14 able to go. But, Molly, if you need to --

15 MS. LAMB: No, no, no.

16 MR. DEWITT: Good? All right.

17 REV. MCCURDY: Do we need to change

18 the order of what we consider here?

19 MS. BROOMFIELD: No. We're fine.

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

21 fine.

22 REV. MCCURDY: Okay.

23 MR. DEWITT: Justin DeWitt again.

24 I'm engineering chief in Office of Health

1 Protection.

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

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

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

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

1 MR. DEWITT: The websites were added.

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

5 DR. SCHNACK: Dr. Schnack.

6 Second.

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

9 ("Ayes" heard.)

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

11 (No response.)

12 REV. MCCURDY: Abstentions?

13 (No response.)

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

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

19 REV. MCCURDY: And tell us what that  
20 is.

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



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

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

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

12 CHAIRPERSON ORGAIN: Absolutely.

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

15 MR. CARVALHO: A motion to approve.

16 DR. HERRMANN: So moved.

17 MR. BANASZYNSKI: Second.

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

20 Discussion?

21 (No response.)

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

24 ("Ayes" heard.)

1 REV. MCCURDY: Opposed, "Nay."

2 (No response.)

3 REV. MCCURDY: Okay. So --

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

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

13 MR. CARVALHO: And this is Dave  
14 Carvalho.

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

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

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

23 MR. CARVALHO: Right.

24 So, Kish, make note of that for the

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

4 REV. MCCURDY: All right, then.

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

7 REV. MCCURDY: Yeah. Okay.

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

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

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

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

1 Milk and Milk Products Code.

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

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

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

24           From the rules committee, the changes

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

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

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

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

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

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

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

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

18 MS. LAMB: Good question.

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

1 approved by us on the ground.

2 REV. MCCURDY: Okay. Thank you.

3 So are there any questions from

4 members of the Board regarding this rule?

5 Questions? Comments?

6 CHAIRPERSON ORGAIN: This is Dr.

7 Orgain.

8 As this new rule was not discussed in

9 the rules committee and the next rules committee

10 is not until --

11 REV. MCCURDY: May.

12 CHAIRPERSON ORGAIN: -- May, then

13 it -- in terms of not acting as a committee of

14 the whole, if there should be any additional

15 concerns of the Board members or others after

16 this discussion, then there's certainly still the

17 opportunity to bring that forward. I just want

18 to say that out loud.

19 REV. MCCURDY: Okay. Thank you.

20 MR. CARVALHO: Yeah. This is Dave

21 Carvalho again.

22 Because it's new to some folks, among

23 other things, even after we publish it, of

24 course, a State Board of Health member, just like

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

7 REV. MCCURDY: This is Dave McCurdy  
8 again.

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

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

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

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

4 MS. LAMB: Yes.

5 REV. MCCURDY: Okay. So --

6 MS. LAMB: And all --

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

10 Is there a second?

11 DR. HERRMANN: Yeah.

12 REV. MCCURDY: Second by Jack  
13 Herrmann.

14 Further discussion?

15 (No response.)

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

18 ("Ayes" heard.)

19 REV. MCCURDY: Opposed say "Nay."

20 (No response.)

21 REV. MCCURDY: Abstentions?

22 (No response.)

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



1 Thank you.

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

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

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

1 rules and the raw milk rules.

2 So I really want to thank Kish.

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

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

21 MR. CARVALHO: Yes.

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

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

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

10 So I believe we're done.

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

14 (Several speaking at once.)

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

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

23 MR. DART: Good afternoon.

24 This is part of the Alternative

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

6 MR. CARVALHO: Bill?

7 MR. DART: Yes.

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

10 MR. DART: Absolutely.

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

15 (Several "No's" heard.)

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

18 MR. DART: Okay.

19 CHAIRPERSON ORGAIN: Sorry, Bill.

20 MR. DART: Okay. That's fine.

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

1 MR. DART: All right.

2 CHAIRPERSON ORGAIN: So we apologize  
3 but --

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

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

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

11 CHAIRPERSON ORGAIN: Thank you.

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

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

19 Is William Moran there?

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

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

1 number C, which is general communications from  
2 members.

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

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

12 Is that acceptable?

13 (No response.)

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

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

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

22 Now, can we move to item number D?

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

1 CHAIRPERSON ORGAIN: All right.

2 Thank you very much. Thank you very much.

3 Item number D. Anyone available for  
4 that?

5 DR. CULP: Dr. Orgain.

6 CHAIRPERSON ORGAIN: Yes, please.

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

9 CHAIRPERSON ORGAIN: Okay.

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

13 CHAIRPERSON ORGAIN: I don't know.  
14 David?

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

20 CHAIRPERSON ORGAIN: Right.

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

24 DR. CULP: Yes. I'm prepared.

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

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

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

10 Once again, this captures statutory  
11 changes to update the rules to be consistent for  
12 665, 695.

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

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

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

24 MR. CARVALHO: Okay. I'll jump in



1 here.

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

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

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

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

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

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

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

1 CHAIRPERSON ORGAIN: All right.

2 Thank you.

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

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

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

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

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

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

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

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

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

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

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

15 Are there any?

16 I heard someone.

17 REV. MCCURDY: I heard an "Umm."

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

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

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

5 And, Kish, can you say something  
6 about yourself.

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

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

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

15 MS. BROOMFIELD: Oh, wow.

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

18 CHAIRPERSON ORGAIN: Go to the head  
19 of the table.

20 MS. BROOMFIELD: Okay.

21 CHAIRPERSON ORGAIN: Good. Thank  
22 you.

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

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

4 Previously I worked for the Illinois  
5 General Assembly in the Speaker's office for ten  
6 years doing legislative work, working with  
7 members, committees, legislative agendas, getting  
8 bills passed, and things of that nature.

9 So I continue that work in the gov affairs  
10 division here, and that's all.

11 CHAIRPERSON ORGAIN: All right.

12 Thank you for taking the time and thank you for  
13 your work. You hit the ground -- Kish hit the  
14 ground more than running -- speed racing. So  
15 thank you very much for the assistance in terms  
16 of the Board.

17 I have no other announcements.

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

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

23 CHAIRPERSON ORGAIN: Very good.

24 Thank you.



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

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

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

21 I hear no objection. Great.

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

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