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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
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69 WEST WASHINGTON
CHICAGO, ILLINOIS

BOARD MEETING
JUNE 12, 2014

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BOARD MEETING

THURSDAY, JUNE 12, 2014

11:00 A.M. - 1:09 P.M.
AGENDA

I. Call to Order/Introductions
II. Public Comment
   A. Mr. Kevin Dixon
   B. Mr. Lawrence Mackey
   C. Dr. Rashmi Chugh
III. Approval of Meeting Summary
     March 20, 2014
IV. Policy Committee Report
   A. SHIP Implementation
V. Rules Committee Report
   A. Visa Waiver Program for International Medical Graduates
   B. The Dental Student Grant Act
   C. Local Health Protection Grant Rules
   D. Food Service Sanitation Code
   E. Grade A Pasteurized Milk & Milk Products
   F. Water Well Construction Code
   G. Smoke Free Illinois
VI. Items for Action
   A. Evaluation of Alternative Health Care Model: Postsurgical Recovery Care Centers
VII. Items for Discussion
VIII. Legislative Update
IX. Announcements/Adjournment
STATE BOARD OF HEALTH MEMBERS PRESENT:

Dr. Javette Orgain, Chairperson
Rev. David McCurdy, Co-Chairperson

Ms. Karen Phelan
Ms. Beth Fiorini
Dr. Valerie Conrad
Dr. Carolyn Lopez
Dr. Timothy Vega
Dr. Julie Adkins

Dr. Babette Sanders
Dr. Peter Orris
Mr. David Banaszynski
Dr. John Herrmann
Dr. Victoria Persky
Dr. Fred Margolis
Dr. Jorge Girotti

DEPARTMENT STAFF:

Mr. David Carvalho
Ms. Molly Lamb
Ms. Kiswai Broomfield
Ms. Kim Egomwan
Ms. Conny Moody
Ms. Brandy Lane
Mr. Dave Johnson
Mr. Chad Moorman

Dr. David Culp
Mr. Bill Dart
Ms. Laura Vaught
Mr. Bob Morgan
Ms. Susan Meister
Ms. Elizabeth Paton
Mr. Joe Mitchell
Mr. Don Jones

GUESTS:

Mr. Lawrence Mackey
Dr. Rashmi Chugh
Mr. Kevin Dixon
Mr. David Porter
Ms. Kim Janas
Mr. Sean McDermott

COURT REPORTER:

Robin A. Enstrom, RPR, CSR
Illinois CSR #084-002046
Midwest Litigation Services
15 S. Old State Capitol Plaza
Springfield, Illinois 62701
217.522.2211
800.280.3376
CHAIRPERSON ORGAIN: Are there any Board members in Springfield?

MS. BROOMFIELD: Yes, there are.

CHAIRPERSON ORGAIN: Who?

MS. BROOMFIELD: Beth Fiorini and Dr. Schnack.

CHAIRPERSON ORGAIN: Okay. Thank you very much.

MR. CARVALHO: And is the phone connection through Chicago or through Springfield?

MS. BROOMFIELD: It's through Springfield.

CHAIRPERSON ORGAIN: Are there any members online?

MS. BROOMFIELD: Dr. Lopez. I'm sorry.

DR. LOPEZ: Carolyn Lopez.

DR. MARGOLIS: Fred Margolis

MS. SANDERS: Babette Sanders.

CHAIRPERSON ORGAIN: Okay. Thank you.

We do have a quorum, and so we'll begin the meeting. Appreciate it.
MR. CARVALHO: Could I welcome everybody to our new offices?

CHAIRPERSON ORGAIN: Please.

MR. CARVALHO: Okay.

Good morning. This is Dave Carvalho from the Illinois Department of Public Health. I want to welcome everyone to our new offices on 69 West Washington Street.

A couple of things: Our staff on the seventh floor at 122 are still there at 122 South Michigan, and the space on the 19th floor is also occupied by IDPH. So we are now in three locations.

We had the need for additional space because of the absorption by the Department of certain maternal and child health programs at DHS with which you're familiar, and this space at 69 West Washington became available.

I want, especially for those who are here physically in this space, to very quickly point out to them that we are leasing this space from Cook County. Cook County acquired this building from Arthur Andersen International when they went bankrupt, and all of the paneling and
wood furniture and leather chairs were inherited
by Cook County from Arthur Andersen International
and then leased to us. So we did not acquire
this posh space. It just was built that way, and
I think, especially in pub -- government and in
public health, we're feeling sensitive to make
sure that everybody knows that. That, if you
walk around and anything has wallboard instead of
wood paneling, that's something that we added
because we only work in wallboard.

So welcome, everyone. The Director
is out of town today, and turn it back over to
the chair.

CHAIRPERSON ORGAIN: Thank you.

Our next item of business is public
comment, and the public comment is on our raw
milk rule, and so why don't we go to that because
we have guests here who want to comment on the
raw milk rule.

And, Kish, who's there? Kish?

MS. BROOMFIELD: Yes. We have Kevin
Dixon here and Lawrence Mackey.

CHAIRPERSON ORGAIN: I need them --
if you could just give them to me in order -- the
persons in terms of the order of those persons
who will be providing us with public comment.

MS. BROOMFIELD: Okay. In order
would be Kevin Dixon; Lawrence Mackey, a
representative from Northern Illinois Public
Health Consortium; and Dr. Chugh. I probably
misspoke.

CHAIRPERSON ORGAIN: Chugh.

MS. BROOMFIELD: Chugh. Sorry.
We have Kevin Dixon coming up.
CHAIRPERSON ORGAIN: Okay. Thank
you.

Because of the -- because of the
number of items that we have to cover on the
agenda, I'm going to have to ask everyone to
limit their comments to no more than two minutes.
Please proceed.

MR. DIXON: Thank you.
Hello. My name is Kevin Dixon. I'm
the Director of Environmental Health Services at
the DuPage County Health Department, and my
comments today are being made on behalf of the
Northern Illinois Public Health Consortium. The
Consortium has previously provided detailed
comments dated June 5, 2014, to the State Board of Health regarding the proposed Grade A Pasteurized Milk and Milk Products rules contained in 77 IL Administrative Code 775, more commonly known as the proposed raw milk rules.

Today I'd like to address three particular areas of concern. The first is that, while the proposed rules do contain quality standards and testing requirements for raw milk being sold to consumers, the standards proposed are not adequate nor are they strong -- nor is there strong enough enforcement provisions to assure that the samples are collected and analyzed and ultimately that the raw milk rule -- or that the raw milk meets those standards.

The proposed rules rely primarily on the federal Pasteurized Milk Ordinance in establishing the proposed standards. This ordinance, however, set standards for raw milk that will be pasteurized, not raw milk that is to be directly consumed. The PMO also, however, set standards for pasteurized milk that will be consumed.

We request that the State Board of
1 Health recommend and direct IDPH to establish
2 standards in the rules for raw milk that
3 recognizes the fact that this milk will be
4 directly consumed. Ultimately consumers of both
5 raw and pasteurized milk deserve the same
6 protections for their health; so there should be
7 no difference in the quality standards for either
8 of these products at the consumer level.

9 The second point is in regards to
10 enforcement. Regarding enforcement, while the
11 proposed rules do contain provisions for
12 enforcement actions to be taken when quality
13 standards are exceeded, there are no provisions
14 in the rules to assure that samples are routinely
15 collected. Section 775.55(g)(4) indicates that
16 IDPH will suspend or revoke a permit if a dairy
17 farm operates without a permit and does not
18 collect the required samples. So as the rule is
19 currently proposed, having a permit is enough to
20 avoid enforcement.

21 The third and final point is that we
22 also request that the Board consider reinstating
23 campylobacteriosis as a reportable disease in
24 Illinois so as to provide a reasonable
opportunity to track increased incidence of
disease associated with these rules which will
potentially expand access to in the consumption
of raw milk. This will not occur routinely
unless campylobacteriosis is reinstated as a
reportable disease in Illinois.

That concludes my comments. Thank
you.

CHAIRPERSON ORGAIN: Thank you for
taking the time.

Kish, next person on the agenda for
public comment.

MS. BROOMFIELD: Lawrence Mackey.

MR. MACKEY: Hi. My name is Larry
Mackey. I represent the Northern Illinois Public
Health Consortium, NIPHC, and the Lake County
Health Department.

While we've been afforded the
opportunity to provide input to the draft Grade A
milk rules in the past several weeks, we still
have serious disagreements with the rules as
proposed. All of NIPHC's concerns are addressed
in the documentation we have provided, but today
I'd like to focus our attention on a very
critical item.

The current proposed rules still contain provisions that allow the off-farm sale of raw milk under a Tier II permit. The law that enables and authorizes these rules, however, is very clear in stating that all sales or distribution of raw milk must occur on the premises of the dairy farm. Specifically, the law says that the pasteurization requirement for milk does not apply if the milk is produced in accordance with the Department's rules and regulations and if the sale or distribution occurs on the premises of the dairy farm.

The law allows those who wish to partake of raw milk to seek it out and purchase it on the farm but does not allow raw milk to be packaged and made more widely available -- and readily available at off-farm locations.

At the March meeting, this Board was informed that raw milk sales in Illinois are currently illegal or banned. But if a law allows an activity to occur in accordance with a rule, the failure to adopt a rule does not negate the law.
Raw milk advocates and others understand this distinction and list Illinois as one of the states in the country where raw milk sales are legal but restricted to the premises of the dairy farm.

The reason I bring up this point is that we believe that the concept of rules taking precedence over law is also being applied to allow off-farm raw milk sales. Specifically, the definition of "premises" is expanded in the proposed rules for the purposes of the section that applies to Tier II permits to include the dairy farm or farms and one receiving station under the control and responsibility of the dairy farm owner. This receiving station could be located anywhere in the state. NIPHC asserts that this definition doesn't interpret or clarify the law but rather completely changes the intent and application of the law.

In our efforts to protect the health of the millions of residents of the counties we represent, NIPHC urges this Board to send a strong message and advise IDPH that these proposed rules are not acceptable.
In addition to the issues surrounding the legality of allowing off-farm sales of raw milk, we believe that as proposed and as described by my colleagues the rules are not protective of the public's health.

Thank you again for the opportunity to provide these comments.

CHAIRPERSON ORGAIN: Thank you.

MS. BROOMFIELD: We have Dr. Chugh.

DR. CHUGH: Good morning.

CHAIRPERSON ORGAIN: Good morning.

Can everyone hear?

COURT REPORTER: Yes.

CHAIRPERSON ORGAIN: Thank you very much.

DR. CHUGH: Great. Good morning. As a -- my name is Rashmi Chugh.

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

As a member of the Illinois State
Medical Society or ISMS, I'd like to share an
excerpt from a letter dated June 11, 2014,
addressed to the Illinois Department of Public
Health and the State Board of Health from the
Board chair, Dr. Paul DeHaan.

"On behalf of the members of the
Illinois State Medical Society, I am writing in
opposition to the sale of raw milk or milk
products to consumers.

"ISMS policy states: Resolved, that
the Illinois State Medical Society support
prohibiting the sale and/or distribution of all
raw or unpasteurized milk and milk products for
end-user human consumption in Illinois by
educating physicians and by promoting
implementation and enforcement of regulations by
the Illinois Department of Public Health and
other relevant state agencies.

"ISMS recognizes that the current law
allows for the sale or distribution of raw milk
on the premises of a dairy farm. With regard to
the proposed IDPH rules referenced above, we
oppose any attempt to expand the definition of
'premises' as represented in these proposed
amendments. Further, ISMS believes that, if raw
milk is authorized for sale to consumers, the
rules must protect the public consuming the milk
as strongly as possible."

As stated, we have serious concerns
about the additional risk posed to the public's
health and safety by allowing expanded access
through sale or distribution of raw,
unpasteurized milk or milk products.

In addition, the Centers for Disease
Control and Prevention, the U.S. Food and Drug
Administration, the American Academy of
Pediatrics, and the American Medical Association
strongly advise against human consumption of raw
milk since it may contain a wide variety of
harmful bacteria -- including Salmonella, E. coli
O157:H7, Listeria, Campylobacter, and Brucella --
that may cause illness and possibly death. As
reported by CDC, it is important to note that a
substantial proportion of the raw milk-associated
1 disease burden falls on children.
2
3 In a CDC letter dated May 9, 2014,
4 addressed to state and territorial
5 epidemiologists and state public health
6 veterinarians on the ongoing public health hazard
7 of consuming raw milk, CDC requests state health
8 officials to, quote, "...please distribute this
9 letter to those involved with raw milk issues in
10 your state or territory and to others who have an
11 interest in this important public health issue,"
12 end quote.
13
14 Respectfully, I am not aware of IDPH
15 disseminating this letter to other public health
16 professionals in Illinois. Members of NIPHC
17 learned of this letter through our local public
18 health colleagues who received it from the
19 Council of State and Territorial Epidemiologists.
20
21 In the same letter, CDC also
22 requests, quote, "To protect the health of the
23 public, state regulators should continue to
24 support pasteurization and consider further
25 restricting or prohibiting the sale and
26 distribution of raw milk and other unpasteurized
27 dairy products in their states," end quote.
Reports received by CDC from 2007 to 2012 indicate 81 percent of outbreaks were reported from states such as Illinois where the sale of raw milk was legal in some form. Only 19 percent occurred in states where the sale of raw milk was illegal.

Due to the serious health risks to the public and because there is no current enabling legislation in Illinois to allow for any rules for the off-farm sale or distribution of raw, unpasteurized milk or milk products, NIPHC requests the State Board of Health to kindly consider eliminating all proposed rulemaking to this effect.

We also respectfully urge the State Board of Health to advise IDPH to align their efforts with the CDC, ISMS, the AMA, AAF, and FDA toward preventing disease and protecting the health of Illinois residents.

As stated by CDC, human consumption of raw, unpasteurized dairy products cannot be considered safe under any circumstances.

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

MS. BROOMFIELD: That concludes the
public comments.

CHAIRPERSON ORGAIN: Oh, all right.

So, if I may, what we will do, I'll
ask Rev. McCurdy to move that Rule E, Grade A
Pasteurized Milk and Milk Products, up for
discussion so that the members who testified will
have an opportunity to hear the discussion.

Because it was not posted in time as
required by law, we will have the full discussion
today, including any questions and answers.
We'll also then post a Doodle Poll just for the
purpose of voting whether to move the rule
forward for publication. David Carvalho has
already posted the Doodle Poll for members for
Monday, Tuesday, or Wednesday of next week. It
would be a very short meeting simply for the
purpose of voting on this particular rule that
was not posted in time. Okay? Is everybody --
does everybody understand?

REV. MCCURDY: Will that include the
Smoke Free Illinois?

CHAIRPERSON ORGAIN: For anything
that was not posted, those will be the things
that we will discuss only for the purpose of the
full discussion today and voting next week.
Okay?

Peter.

DR. ORRIS: On about we taking a
vote, no matter which way the vote goes next
week, I would think that the Board on this topic,
having generated the interest and attention that
it has, would want to speak directly and give our
advice directly to Dr. Hasbrouck as the Director.
And I'm not sure where in the agenda I would be
able to make that motion because I thought I
would do it after the vote. Obviously, that's
not going to be possible.

CHAIRPERSON ORGAIN: You can
certainly make that motion regardless of the vote
in terms of having serious discussion with Dr.
Hasbrouck in regard to what the sentiment of the
Board will be after the discussion.

DR. ORRIS: Okay. All right.

CHAIRPERSON ORGAIN: So we will be
moving now (inaudible).

REV. MCCURDY: You want to do policy?
1 You want to do this next?
2 CHAIRPERSON ORGAIN: I would like to
do this next.
3 REV. MCCURDY: Okay.
4 COURT REPORTER: Speak up, Mr.
5 McCurdy, please.
6 MS. SANDERS: This is Babette
Sanders. This is Babette Sanders.
7 CHAIRPERSON ORGAIN: Yes, please.
8 MS. SANDERS: Dr. Orgain, you just
mentioned something about David Carvalho having
posted a Doodle Poll for next week. Can you tell
us where it's posted? I have not --
9 MR. CARVALHO: This is Dave.
10 I sent an e-mail to everyone about an
hour ago with a link to the Doodle Poll. The
11 e-mail explained that I spoke with Dr. Orgain and
12 pointed out to her this deficiency in the posting
13 notice. The notice included the several rules
14 that you considered at your regular rules
15 meeting, but the notice did not include the two
16 rules you considered at your special rules
17 meeting. So because --
18 MS. SANDERS: I'm sorry. I did not
receive that e-mail. I don't know --

MR. CARVALHO: Okay. Well, I sent it

about an hour ago to all members at the same
e-mail address that Kish has been using for all
the other things she's distributed. Why don't
you contact me directly after the meeting, and
I'll see if there's some problem in the e-mail
address that I have for you.

MS. SANDERS: Thank you very much.

CHAIRPERSON ORGAIN: And for -- and

for any member who may not have received it, you
will certainly receive it by the close of
business day today. Okay?

MS. SANDERS: Thank you.

CHAIRPERSON ORGAIN: You can
certainly let Kish know by just sending an e-mail
directly to Kish or to David so that we make sure
that you get the e-mail. Thank you.

Okay. All right.

REV. MCCURDY: Dr. Orgain -- this is

David McCurdy, by the way.

Dr. Orgain had asked that we make the

first item we discuss the Grade A Pasteurized

Milk and Milk Products rule.
Dr. Orgain, just to be clear, we also have minutes from the prior meetings or the meeting summaries, and we probably should look at those because they have information that pertains to this rule. So may I attend to those first --

CHAIRPERSON ORGAIN: Please.

REV. MCCURDY: -- and then -- okay.

So the meeting notes, I think -- a couple of things I want to say about the meeting summaries. We did have an opportunity to go over them rather hurriedly earlier this week. There still seem to be some open questions about a couple items, particularly in the raw milk rule, that may not be entirely clear from the meeting summary. So I may need to check in with -- about what these -- some of these notes refer to. So I'm not ready to say let's go ahead and approve the minutes, but I think we should refer to them --

CHAIRPERSON ORGAIN: Okay.

REV. MCCURDY: -- as agreeable.

So, first of all, the meeting notes for -- and I'm sorry. Because we've been shifting some things, I need to find them
again -- for May the 15th. I believe we could go
ahead and act on the meeting summary for May the
15th with one exception.

At the very end, under this one, the
last page of the meeting summary for May 15th,
it's noted that, regarding the raw milk rule, the
motion was made and seconded to hold the bill in
committee. And I think we've imported language
from another venue. It's a good idea, but I
suppose we should say to hold the rule in
committee, if that's appropriate.

And, Dave, is that acceptable
language to talk about regulations, by the way?

MR. CARVALHO: Yeah. I think whoever
drafted it has spent a lot of time in
Springfield.

REV. MCCURDY: And I think it's a
good idea.

So we'll just amend that to say the
motion was made and seconded to hold the rule in
committee, et cetera, et cetera.

I would move that we go ahead and
accept the minutes -- or the meeting summary of
May 15th. So moved.
DR. ORRIS: Second.

REV. MCCURDY: Second from Dr. Orris.

All in favor please say "Aye."

("Ayes" heard.)

REV. MCCURDY: Opposed, "Nay."

(No response.)

REV. MCCURDY: The "Ayes" have it.

Then the meeting summary for the June
the 5th special meeting. There are some items of
clarification here, I think, that maybe we need
to be sure we look at. Actually, I probably had
us approve the wrong one first, but anyway --

The one from May -- or from June the
5th, I'm going to say let's go ahead and approve
this one also. So June the 5th -- can we approve
this meeting summary also?

I will so move.

DR. ORRIS: Second.

REV. MCCURDY: Seconded by Dr. Orris.

All in favor say "Aye."

("Ayes" heard.)

REV. MCCURDY: Opposed, "Nay."

(No response.)

REV. MCCURDY: "Ayes" have it. So
this one also is approved.

Then I want to refer to the raw milk rule, which you will recall is Grade A Pasteurized Milk and Milk Products, 77 Illinois Administrative Code 775, and there are some items in the meeting summary from May the 15th that I think -- they're probably relatively minor, but we should be clear about them in light of the interest that this rule has engendered, especially.

There's a reference in the meeting summary on page 3 and on page 7 and page 9. So if somebody in Springfield wants to provide an overall comment on the rule to begin with, then we may have some specific comments about those items.

Molly Lamb or Dave Culp available for that?

MS. LAMB: Yes. Dr. McCurdy, this is Molly Lamb, division chief for Food, Drugs, and Dairies.

REV. MCCURDY: Okay. Uh-huh.

MS. LAMB: So, as we've all heard, this rulemaking addresses the procedures for the
regulatory oversight of dairy farms that are
selling raw milk directly to consumers across
Illinois.

As you are aware in the Grade A
Pasteurized Milk and Milk Ordinance currently,
the practice of selling raw milk and distributing
raw milk is prohibited in that it must be done in
accordance with Department rules which have never
been written and promulgated governing the sale
of raw milk in Illinois.

This rulemaking provides a consistent
approach, along with our other dairy farms in the
State of Illinois, on the regulatory oversight to
include the spectrum from the permitting,
inspection, quality counts, and enforcement
across -- across the dairy farms and the
procedures therefore for the sale of raw milk.

Also included in the rules are
consumer advisories regarding the risks
associated with the consumption of raw milk for
the consumers to be distributed and worked with
consumers from the -- from the dairy farm and the
dairy farm farmers.

The rules have been a process over
the past couple -- or it's been a year and a half to two years in working with industry stakeholders, raw milk dairy farmer stakeholders, local health departments, general public health -- general public consumers, general raw milk stakeholders, and consumers to really analyze and listen to all the spectrums of the sale of raw milk and the procedures and the happenings that are occurring across Illinois, to then work through the Dairy Workgroup to the Food Safety Advisory Committee, and therefore a comprehensive list of recommendations given to the Department to develop the rules to which you've seen over the course of the past couple months here at the State Board of Health and State Board of Health rules committee.

REV. MCCURDY: Can we turn to some specific questions?

MS. LAMB: Sure.

REV. MCCURDY: Okay. Molly, if you would, looking at the meeting summary from May the 15th, there's a reference to striking out some repealed -- and, by the way, what I'd like to do here is to make sure that we address the
issues that are in the meeting summary, and then
we can have our more general discussion.

On page 3 of the rule, there is a
reference to striking out repealed sections, and
I'm wondering if that's maybe inaccurate because,
on page 3, it wasn't clear to me what would have
been repealed sections.

MS. LAMB: Right. And page 3 of the
actual rule doesn't repeal any definitions.

REV. MCCURDY: Right. So I'm not
sure what it refers to, and maybe it will become
more apparent to us as we go along.

Similarly --

MS. LAMB: Sorry. Dr. McCurdy,

Elizabeth -- Elizabeth would like to address, if
that's okay.

REV. MCCURDY: Please. Go ahead.

MS. PATON: This is Elizabeth Paton,

IDPH attorney.

I think what was being referred to
at that point in time, should the legislation
pass -- the cleanup bill pass, there was going to
be a need for additional rulemaking that would
repeal definitions out of the rule so that the
statute and the rule married up. I believe that
that's what the reference in the rules were
referring to.

MS. LAMB: I think that is correct.

Yes. Thanks, Elizabeth.

REV. MCCURDY: Okay. Thank you for
that.

Then, on page 7, there's reference on
page 7 to letter (c), second to last line, the
word "hour" and a space. And, again, I'm not
sure -- as a minor reference, but I wasn't clear
what that was.

And then, on page 9, letter (e),
there's reference to the word "clothing," and I
wasn't sure what that was a reference to. It
would be perhaps at the top of page 9, the
Division of Food, Drugs, and Dairies. Surely the
word "clothing" doesn't have anything to do with
that.

MS. LAMB: No. I don't -- I don't
recall that.

REV. MCCURDY: These are all minor
things, but in terms of the rule, we want to be
sure we get clear on those things.
MS. LAMB: Right. I don't recall
that as a discussion point around this rule on
page 9.

REV. MCCURDY: Okay. Then beyond
those matters -- which, again, for the most part,
should be minor -- I think there's something with
a little more substance on page 22, the very last
page of the rule. Reference is to letter (h),
but we realized it needed to be re-lettered, and
so it has been re-lettered, and so it would be
letter (g). And there's a reference that says
replaced "but" with "and," and I see that may be
in letter (f) up above, the raw milk dispenser
portion. It says that a household refrigerator
or commercial refrigerator is an option for
refrigeration but is exempt from 3(a) standards.
And we had suggested that, maybe instead of
"but," the right connector there would be the
word "and."

MS. LAMB: Right.

REV. MCCURDY: Did the Department
make any decision about that one way or another?

MS. LAMB: Yes. And I do apologize.

That does need to be made, and even the rule that
was sent forward to you did not make that
adjustment. We will do that. That was agreed
that we would do that. I apologize.

REV. MCCURDY: Okay. So that's --

thank you for that. Those were concerns from the
May 15th meeting summary.

Then from the June 5th meeting
summary, there were additional clarification
items and member suggestions, and it appeared to
me that almost all of those were actually
inserted -- all the recommended changes.

But on page 13, the recommendation of
the committee, which appeared to be accepted, was
that the phrase "date of sale" would be added to
the list. I think, in letter -- in (c), number 4,
on page 13. And "date of sale" has not been
added.

MS. LAMB: Yes. Sorry. Good catch.

Yes.

REV. MCCURDY: So I think we want to
be sure to get that in there.

MS. LAMB: Right. I agree. We'll do
both of those. That's my fault. Thank you.

REV. MCCURDY: Okay. Beyond that, I
think the changes that we recommended were made,
including the part about "explicitly legible,"
and I think it was fine to mention Arial font as
an option there. So thank you everybody for
that.

Any other comments about the meeting
summary items from the members of the rules
committee since you were there?

(No response.)

REV. MCCURDY: Then I believe we're
in a position to go ahead and have our discussion
of the rule itself, sort of wider discussion.

DR. ORRIS: I would be interested in
the response of the Department to the specific
questions raised by --

COURT REPORTER: By the what? I'm
sorry. And who was talking?

DR. ORRIS: I'm sorry. Peter Orris.

And I'm interested in the response to
the specific questions that were raised by the
public during the testimony.

COURT REPORTER: Thank you.

DR. ORRIS: The response of the
Department to those issues.
MS. LAMB: Sure.

MR. CARVALHO: Molly, you want me to start off?

I mean, the first one about the legal one -- I think we've discussed this several times. Our lawyers have analyzed the situation and determined that defining "premises" -- that the way we've proposed to define "premises" is consistent with the law. The advocates have indicated that they think that it's not.

Ultimately you can't resolve that other than submitting it to JCAR. JCAR are the lawmakers. The question is whether or not the rule's consistent with the law they adopted, and that's one of the roles they play in their capacity as JCAR. That issue isn't disposed of by submitting it to JCAR. JCAR will self-dispose of it. Our legal position is that the definition of "premise" as proposed is consistent with the law.

DR. PERSKY: Well, but the other definition is also consistent with the law, which is selling on the premises. So it's not that the -- it's not that -- even if it is consistent
with the law or you have lawyers at JCAR that
agree, there's still a question of which is an
acceptable way to go.

MR. CARVALHO: Yes. Well -- and
that's why -- I guess I would suggest, though,
that the actual argument is an advocacy argument,
not a legal argument, being, quote, "as a legal
argument." You can decide you don't like the
idea of doing it, but I don't think you can
assert that it's illegal to do it. It's being
asserted. Our lawyers have said that assertion
is incorrect. As a policy matter, you can decide
that you don't want to -- as an individual, you
can decide you don't want to define it that way,
but it's not illegal as was stated in the public
comment.

DR. ORRIS: I don't mean to --
certainly don't want to get into a legal
argument. The question I had was, the way it was
presented, they said you could have a store right
downstairs here and define that as the
distribution site and being on premises. Is that
a correct interpretation from the Department's
point of view?
MR. CARVALHO: I think Molly and David have been pretty consistent all along.
The rationale behind the definition of "premises" as laid out in the proposed rules is that the farm all of us urban folks who only know about by watching movies where there's a couple of square acres and a few cows is not the farm of today. And the farm of today has pockets of land scattered all over the place and connected and that function as a farm.

And the point of their rule was to say, you know, you don't have to pick up that cow's milk at that barn and that cow's milk at that barn. If a person owns a farm and all of these parcels of land constitute the premises of the farm, if the farmer decides the place where he or she is going to distribute the milk is the north 40 and not the south 40, that is consistent with the definition of a "farm" under modern --

Now, I haven't been to a dairy farm since I was ten. So I'm regurgitating what I've been told by our folks, if David or Molly want to join in.

DR. CULP: First of all, this is Dave
Culp.

Go ahead, Dr. Orris.

DR. ORRIS: I just want to clarify.

I understand the intent, and I, in general, have no problem with that intent.

The specific question that was brought up and alleged was this would permit -- this wording would permit a store here at 69 West Washington to be considered the one distribution point. Is that not true?

DR. CULP: No, Dr. Orris. In fact, to David's point -- and, once again, Dave Culp, Office of Health Protection for IDPH.

Elizabeth, I think, probably from a legal standpoint, can you weigh in on Dr. Orris' question, please? I think it -- we can get that in programmatic aspects, Dr. Orris, but I think we want to hear from the legal definition of what you had questioned.

MS. PATON: The question is whether a store front in the lobby of 69 could be selling raw milk, and the question [sic] is no. That has never been the intent. Retail sales are at -- those locations are strictly prohibited within
the draft rule, and that would not be at a site that would be considered part of the farm. I can't believe that a skyscraper in downtown Chicago would be part of the farm. So that is not our intent.

DR. LOPEZ: Well, this is Dr. Lopez, and I want to press this point a little bit.

I think the -- the example of having a facility in downtown Chicago is an interesting one, but that really is not where my concern lies. My concern lies in whether or not this opens up off-farm sales (inaudible). Okay.

Right now we may have chickens in Chicago; but, to the best of my knowledge, we don't have dairy cows. But clearly, in other parts of Illinois -- and I understand the issue of farming -- and including dairy farming -- not necessarily being located -- a single, quote/unquote, "farm" may not be located in a single, contiguous geographic state.

I think the question becomes whether or not this opens -- this opens up in any way the sales of -- in essence, off-farm sales of raw milk, and I'm not clear why it doesn't.
I mean, maybe -- because then you're
having a rather dispersed -- it sounds like
you're having dispersed sales. I think it's
much harder to control, and presumably some of
these -- you know, a farmer is potentially a
holder of land in, you know, Indiana. So I'm --
I remain concerned about this.

MR. BANASZYNSKI: This is Dave
Banaszynski.

If I may, for everybody gathered, I
actually visited one of these sites, and this was
months ago.

The idea was is that -- the way it
worked out is I went to Glen Ellyn. Glen Ellyn,
suburb west of Chicago, definitely not the
country. And this was where the farmers had
land, and they own that property, single-family
house, maybe a half acre. Their cows were out in
Malta, which is out by De Kalb, and that's where
they actually milked their cows.

So what happened is they would milk
the cows in the morning, transport the milk to
their different sites, all of them which they
own, and that's where I think the rule was trying
to decide: (A), this is in our control; this is where we're going to have it so that the people from Chicago don't have to go all the way out to Malta; they can come to Glen Ellyn.

So just to get you something in your mind's eye, get an idea of what I think the rule is trying to allow.

REV. MCCURDY: Thank you, David.

This is Dave McCurdy again.

I want to see if I can go back to a discussion that we had at the June 5th rules committee meeting, which it seems to me helped to answer some of this, and I want you all in Springfield to correct me if I'm misunderstanding this.

The way I understood it -- and this would be relevant, I think, to Dr. Lopez' question. The idea is not that there's going to be a retail store somewhere on the farm or on the premises where milk is sold to any consumer that comes in.

The creation of the Tier II permit and the Tier II category is such that the only way that this milk is going to be made available
to people for some exchange of money is going to be through a distribution agreement or a herd share, not a sale over the counter, and no money is going to change hands on the premises, at least not at the receiving station, where the milk can be obtained.

Now, is any or all of that true?

MS. LAMB: That's correct.

REV. MCCURDY: So we're not talking about creating a sort of retail opportunity, but there's a sort of -- there's a very -- there's a constrained way in which the milk is made available to people.

MS. LAMB: Correct. You've explained it well.

REV. MCCURDY: And they have to sign up for it in advance.

MS. LAMB: Correct.

REV. MCCURDY: So I don't know if that's helpful or not, but Dr. Lopez may want to comment on that.

CHAIRPERSON ORGAIN: Let me ask the question because I just want to make sure that we move on based on the length of the agenda.
There are two things -- two things,
and there's been a significant amount of concern
about this particular rule. So the question to
staff becomes, if the Board should choose not to
forward it for publication based on concerns
about how it's currently written, what then would
be the result of that action? And so I'll let
David speak to that, and I'll let staff in
Springfield --

MR. CARVALHO: Sure. Under the
statute, then, if the Department chooses to
pursue the rule anyway, just as with any rule --
other rule where, if you make a suggestion for
change and the Department chooses to pursue the
rule without the change, under the statute, what
we are supposed to do is then communicate to you
in writing why we decided to do what we decided
to do.

That was a very convoluted sentence.

Let me put it in a different way. The Board's
role is advisory. If the Department chooses --
once the Board has been given an opportunity to
review a rule and make comment upon it, then the
Department either acts consistent with the
Board's recommendation and there's no letter sent
to you or the Department acts inconsistent with
the Board's recommendation, in which case there's
a letter sent to you.

But there's not -- again, some of the
public comment used terminology that doesn't
exist. There's not an opportunity for the Board
to, quote, "block" a rule or direct the
Department to not do a rule or change a rule or
withdraw a rule. There's an opportunity for the
Board to convey to the Department the changes
they would like to see in a rule, up to and
including withdrawing a rule, but then the
Department has a decision to make whether to
proceed consistent with the Board's
recommendation, in which case you won't receive a
letter, or inconsistent, in which case you will.

CHAIRPERSON ORGAIN: Well, let me
just ask. Peter, do you have a question now?
And then Dr. Persky.

DR. ORRIS: I appreciate the intent,
and I appreciate the idea, and I appreciate -- I
don't know exactly the wording that the attorney
used in Springfield, but I've been told to listen
very carefully to attorney's wording on this.
And having negotiated a number of contracts,
which I had one intent and I thought the people
across the table had the same intent, when we got
down to enforcing it, it was what's in writing.
And so my only question is -- and
I'll subside because I want to hear the other
answers as well with David's question in mind.
My question still is, is the -- either the way
Dr. Lopez described it or the way I described it,
if that dairy farm owned -- that family owned,
you know, the Cosi across the street, could they
be distributing this from the Cosi across the
street, or is it prohibited? I want to know if
this rule prohibits that. And I'll subside at
that point.

CHAIRPERSON ORGAIN: Let's have an
answer to that question.

DR. CULP: Elizabeth.

MS. PATON: Well, if the Cosi had a
receiving station and met all the requirements
that are set in rule and law regarding the
receiving station, then, yes, that would be
feasible. But they would be under much more
strict regulation. Receiving stations are highly regulated. So it is, I guess -- it is feasible if that is indeed a -- indeed property owned by the farm and not simply, I guess, leased. It would have to be under control and ownership of the farm.

CHAIRPERSON ORGAIN: Dr. Lopez, does that answer your question?

DR. LOPEZ: Yes. I remain concerned, but in the interest of time and the fact that there are other concerns I have about the rules, on this particular item, I will defer any further comments on this particular issue.

CHAIRPERSON ORGAIN: Thank you.

Dr. Persky.

DR. PERSKY: Well, I guess I'd move on to some of the other questions relating to the public comments.

MR. CARVALHO: This is Dave.

If I could -- just a couple more points on that point for the Board's consideration.

A farm has to be a farm. In order for the Cosi -- and I'm not sure Elizabeth knows
this since she's from Springfield. The Cosi is a
restaurant across the street. It serves
flatbread sandwiches. It would have to be zoned
as a farm.

Now, the challenge to getting a farm
zoned in downtown Chicago as a farm might be
hypothetically interesting to consider; but,
again, the intent of the Department in defining
"premises" was to recognize the way that farms
are modern -- exist in modern times, and I don't
think anyone would think it's a reasonable
interpretation of these rules that a restaurant
in downtown Chicago is part of the premises of a
farm.

CHAIRPERSON ORGAN: We'll take one
more comment.

Dr. Herrmann.

DR. HERRMANN: On the -- this is Dr.
Herrmann -- Jack Herrmann.

On the revised rules that were sent
out yesterday as of 6:10, if you go all the way
to page 22, it actually -- the last point, it
says "Raw milk shall not be sold to or offered
for sale at locations, including, but not limited
to, food service establishments as defined by,"

et cetera, et cetera. That maybe speaks to what
we're just talking about -- these points of sale
far distant from the production site.

And that's my main concern as a
veterinarian. I'm worried about cold chain HACCP
from production site to where the sale -- point
of sale is and also expanding the sale of this
product that we, I think, consider dangerous.

If I'm reading the point (g) on page
22, I guess it is, it seems like IDPH then would
have oversight on not allowing that expansion of
sale to all sorts of establishments other than
the farm or the farm premise. Is that right?

MS. LAMB: That is the intent of (g),
yes.

MS. PATON: Yes. That is correct.

MS. LAMB: Yes. Sorry.

CHAIRPERSON ORGAIN: Let me just --
what I'd like to do now -- because we got quite a
bit more that we need to do with the agenda.
You've had a lot of public comments. You've had
a lot of testimony from the perspective of -- and
you even had some wording, I believe, that the
Northern Illinois Public Health Consortium went through the entire rule, almost line by line, with some -- with some suggestions previously in regards to change in language. And I haven't seen much of that but would certainly encourage a look at the public comment prior to the publication of the rule pending our -- our vote in regards to what we do.

And then what I'd like to also do, since we need to move on, I'd like to take a straw poll of the members to see where you might stand. This won't be official but to see where you might stand.

REV. MCCURDY: Can I make one comment before that, Dr. Orgain?

CHAIRPERSON ORGAIN: Yes.

REV. MCCURDY: And that is, I didn't hear you mention it -- perhaps you intended it -- but it should, I think, also be noted that there was an extensive response to some of that commentary from the Northern Illinois Public Health Consortium by the Department which we saw in advance of our last rules committee meeting which I believe has been distributed to the
Board. I hope that's the case. So that there's also that to look at as people are looking at something along with what came from the Consortium.

CHAIRPERSON ORGAIN: Thank you.

Thank you.

So all those in opposition to the rule, please raise your hand.

(Hands raised.)

CHAIRPERSON ORGAIN: Okay. And anybody on the phone?

DR. LOPEZ: On the phone, this is Dr. Lopez with her hand raised.

CHAIRPERSON ORGAIN: Others?

(No response.)

CHAIRPERSON ORGAIN: All right.

Okay.

All those in favor of the rule.

(Hands raised.)

CHAIRPERSON ORGAIN: All right.

REV. MCCURDY: Abstentions?

CHAIRPERSON ORGAIN: Well, it doesn't -- it doesn't really apply. I'll say it.

Abstentions?
(No response.)

CHAIRPERSON ORGAINE: All right.

Thank you. So we get a sense, and I did also see -- because we need to move on, and I want to thank the persons who came for public comment and participated and stayed during the discussion.

And I did also see that Kish reposted David's e-mail with the Doodle Poll. So you may have it now, and if you don't, let Kish know, and then I'll take -- if I take your comment, I need to take Dr. Persky's first, if it's related to this.

MS. SANDERS: I have a comment or a question also when Dr. Persky's done. Thank you.

DR. PERSKY: I'm also concerned that by making these rules happen and not taking responsibility for regular monitoring -- I think that was a really good point in the public comment -- not taking responsibility for a regular monitoring of the coliform level and inspection of farms, that puts us in a pretty vulnerable position as the Board of Health. And I think the argument that I saw on paper that we're regulating them and not us was pretty much
of a cop out. (Inaudible) carefully, and I think we're very vulnerable as a Department and as a Board of Health if we support rules that we then don't follow through on.

CHAIRPERSON ORGAIN: I'm going to move the agenda, if you'll allow me. Go ahead.

DR. ORRIS: Well, first of all, report the straw vote to us because I didn't --

CHAIRPERSON ORGAIN: The straw vote was majority opposed.

DR. ORRIS: So just procedurally, because I don't want to run into trouble since we're on a record here. You can't convert a straw vote into closing off debate and taking the real vote without our agreement because that takes two thirds.

I'm not -- I am concerned that this ought to be discussed further, and I am concerned that it should be discussed further with Dr. Hasbrouck, as I had raised initially.

So I think -- and I'm not -- if we want to dispose of the rest of the agenda and come back to this, but I would like to hear more responses to the questions raised. Perhaps the
vote is as I vote, that I think it's the wrong
approach and I don't really care about the
specifics in it. If that's the case, then maybe
no more discussion is necessary. But I'm
concerned about losing this discussion unless the
group as a whole wants to close debate; so --

CHAIRMAN ORGAIN: So, if everyone has
heard Dr. Orris, there are two things: One is --
and I was attempting to move the agenda, and he
would like for us not to close the debate on this
particular rule; and, two -- and, Peter, let me
know if I'm misquoting -- and, two, there's a
desire to have further discussion directly with
Dr. Hasbrouck. So those are the two items.

The first item is an easy thing to
discuss. That we can obviously relay to the
Director that, prior to the publication of this
rule, that we'd like to have a discussion. Does
that satisfy -- and then set up a time to do
that. What is your desire?

DR. ORRIS: That's fine. Yes.

CHAIRPERSON ORGAIN: Okay. All
right. So that's one. We can do that without a
vote. We can attempt that without a vote. Okay?
If that's acceptable to the group.

REV. MCCURDY: I would like to know -- this is Dave McCurdy.

I would like to know what exactly we would hope to accomplish by having the discussion with Dr. Hasbrouck.

CHAIRMAN ORGAIN: Okay. If I can take the -- if I can attempt an answer to that.

One, there has been a significant amount of concern from the public in terms of public comment; and, two, it seems as though the majority of the Board members have concerns about this rule on the straw vote and the concern about how it moves forward, et cetera, and -- and we --

REV. MCCURDY: We would like Dr. Hasbrouck to -- to what?

DR. PERSKY: To actually discuss it with us, and he understands the feeling, not just see pieces of paper because there's a pretty strong feeling.

I guess I have one other concern I want to mention, particularly -- I mean, we have very key departments of health that have to implement some of this that are really upset
about it, and the responses have been pretty modest. I mean, reading through this document, most of the big issues have not really been addressed, and I think that sets the stage for a lot of tension down the road. I mean, we already have tension between IDPH and some departments of health. I think there's really issues, and that's not something one puts in this document, but I think Dr. Hasbrouck might want to hear from some members of the Board that this may not be a good idea to set up this kind of tension.

CHAIRPERSON ORGAIN: And so -- and then -- and thank you for adding comment to that, if that helps any. And then --

REV. MCCURDY: I think it's important that we say that.

CHAIRPERSON ORGAIN: Okay.

DR. CULP: Well, Dr. Orgain, my apologies, but I need to clarify a couple things. First of all, these rules does not abdicate the Department from taking responsibility to regulate. Just the opposite.
The goal of these rules is to regulate.

Second of all, it's the state health
department does regulation of dairy. It is not
the local health departments. So we're very
appreciative of the comments made from local
health departments and recognize their concern
with potentiality of infectious disease outbreaks
at the jurisdictional level. We all recognize
the dangers of raw milk. However, the sole goal
of these rules is to allow the Department to
regulate where it has not been able to in the
past.

And, Dr. Orris, you brought up some
very good points with Dave Carvalho. The fact at
this point in time -- correct me if I'm wrong,
from our legal department -- the only opportunity
we would have is, is by having a subpoena issued
from the local state's attorney or from the
attorney general for us to gain access to the
evidence of the sale of raw milk.

This rule would, by permitting, allow
us to have those access and ability to gain
access to the sale of raw milk site without the
need for that subpoena.

MS. PATON: Correct.

CHAIRPERSON ORGAIN: Before --
before I -- and then the next item that was

raised is, is all those in favor of closing
debate at this time on this rule please signify
by "Aye."

(No response.)

CHAIRPERSON ORGAIN: Anybody on the
phone?

(No response.)

CHAIRPERSON ORGAIN: Okay. All
right.

All those opposed to closing debate.

("Ayes" heard and
one "Nay" heard.)

CHAIRPERSON ORGAIN: And so based
on -- based on your concerns, we will continue
the debate on raw milk.

Go ahead, Peter.

DR. ORRIS: Well, yes, but we also
clarified, I thought in the rules committee --
and correct me if I'm wrong, David -- that
there's no necessity for this size of a rule or
this negotiative process. Your rule could be two
paragraphs saying that this is prohibited, and
then the rule says you can't do it.
MR. CARVALHO: I will clarify that.
And I think we had substantial discussion in the rules committee; and, of course, the several people who are on rules committee and I believe Dr. Orgain were the only persons who were the benefit of that discussion, and so perhaps we've been remiss in not framing this but rather diving right into it.

What the Board is not hearing, because it's not before the Board, is the substantial body of opinion out there on the opposite side of what the Department is doing in the opposite way; which is to say, because the statute is written in a rather convoluted way, the statute says raw milk is illegal excepting consistent with rules adopted by the Board -- by the Department.

Right now the Board -- the Department has not adopted any rules. So by it's terms, right now raw milk is illegal. Right now in realty raw milk is being consumed in Illinois. It's being acquired. It's being consumed. Some of it is being acquired from other states in violation of federal law, and the federal
authorities have been pretty much missing in
action in dealing with that. We can't do
anything about that. That's federal authorities.

But here, what our Department has
decided is this is going on. We've worked with
these groups and the dairy industry for a couple
of years, and the status quo or something like
it -- namely, a law that says it can't be done,
but it's, in fact, being done -- needs to be
addressed.

And so the way the Department
proposed to address it was give ourselves some
tools in the form of a permitting requirement and
an inspection requirement so that we could try to
bring some order to this.

We did not go on the one end, which
was to say let's see if we can stamp this out
entirely. I think one of your members alluded to
the fact that consumption of raw milk is more in
the nature of a religion than a diet. And it was
our assessment that it's not something that we
would succeed in stamping out nor would we
succeed in getting the tools to us to do so.

On the other side, the raw milk folks
have been adamant in their opposition to us adopting any sort of regulatory scheme, any sort of rules, any sort of permits; and they basically laid low throughout this process because I think it's their firmly held belief that, no matter what you do and no matter what we do, when this rule gets to JCAR, they will inundate the legislators with requests that we not proceed with this and just leave them alone; and the status quo, which our Department has found impossible to regulate, will continue.

DR. ORRIS: Can you clarify that?

Why -- why not --

MR. CARVALHO: Yeah. I'll get to that. I know, because that's something you pressed on in the prior discussion.

So it was our assessment that between these two positions -- one, wipe it out; and, the other, leave it alone -- that we were pursuing something that we viewed as middle.

Now, I don't have to go far to find evidence of the strategy of the raw milk proponents because, out of concern that we were going forward with this rulemaking, the Northern
Illinois Public Health Consortium solicited a legislator to propose a bill to take away our ability to adopt a rule and thereby simply making raw milk illegal. And so Representative Burke did that. He's put that bill in.

Several weeks later he was photographed consuming raw milk and posted on the raw milk advocates' website and saying, "I'm sorry I did this, and I'll never do it again,"

after he was inundated by hundreds, if not thousands, of protests from the raw milk community to what he was doing.

So within the confines of these walls where we are all public health advocates -- and I hope nobody is impugning anybody's enthusiasm for protecting the public health no matter what position you're taking on this bill -- we are having a rarified discussion among the flock. But out there, from everything that we've seen over the last couple of years and what we've seen in the legislature and what we believe, there's a different conversation going on.

And if -- we get to the point that Peter has raised about, well, why don't we just
try to stamp it out either by adopting a rule
that says the rule is that you can't do this --
so therefore the status quo is that this is
illegal -- or to try to use the enforcement tools
available to us under the current status quo of
law and rule to wipe it out, and this is where
Molly and David in the past have described
several instances where we have tried.

Part of the theory of doing a permit
is, if you have a requirement that somebody have
a permit, then we can administratively go against
anybody who we get evidence is doing something
inconsistent with the permit or doing something
without a permit, and we can, in effect, put the
tools of enforcement into our own hands by going
after a permit.

Under the current system, what we
need is we need a local prosecutor -- perhaps the
attorney general, although most people don't
realize the attorney general usually isn't a
prosecutor. It's the locals. The attorney
general is more of the lawyer for the state
agencies and the like. But, in any event, the
state's attorneys going after this. We've had
some experience in trying, and state's attorneys
have either found what evidence we have been able
to get inadequate.

Now, Peter at the rules -- Dr. Orris at the rules committee had indicated, well, you
know, can't we get undercover investigators and
do more to get -- procure evidence. I fall back
on what I said a few moments ago: I think
there's a certain misjudgment as to the
enthusiasm of local state's attorneys to
prosecute people who are wanting to and acquiring
raw milk to consume it.

So, as I say, there's two theories on
how you go about this from public health: One is
you continue to educate, and you continue to
advocate, and you don't compromise for a moment
from the position that this is something people
shouldn't do, and therefore we are going to put
every impediment in their path to doing it; and
there's another that's more of a mitigation
theory -- that it is going to happen, people are
going to do it, try to get as many tools as you
can into your own hands so that you -- meaning
us, the Department of Public Health -- can try to
mitigate the harm because we don't think we're
going to be able to simply wipe it out through
advocacy or education.

I totally understand that someone
could look at this situation and come to a
different conclusion as to what one should do.
That's why it's kind of hard to reach a
resolution of this because if you -- you look at
it, come to one side; look at it, come to the
other side. I don't know what more can be said
on that; so --

CHAIRMAN ORGAIN: Dr. Persky.

DR. PERSKY: But I think it is a
compromise, and I guess that's what I'm having
trouble understanding maybe. I hear your point
that maybe we have to get some power in IDPH's
hands to do something separate from the local
attorneys or prosecutor.

But the health departments have come
up with a handful of very sensitive thoughts
about how this could be at least made somewhat
safer, and somehow the responses of IDPH seem --
seem restrictive and seem negative, and I don't
get it.
Like, why can't there be regular inspections? Why can't the coliform counts be consistent with what's out there for pasteurized milk? Why can't it be more limited to the immediate dairy site? I mean, those seem like very reasonable suggestions from the departments of health, and I don't get why IDPH --

MR. CARVALHO: Okay.

DR. PERSKY: -- isn't responding properly.

MR. CARVALHO: Let me deal with some of those, and the third one about the coliform counts is beyond my expertise.

But on the two, the first one, I view the argument about "premises" to be more one of advocacy than legality, and here's why: The argument that's being made is you can't -- the law doesn't allow you to define "premises" the way you have; therefore, wipe out that whole tier.

A more reasonable comment, from my perspective, would be here's how to change the wording of what you're trying to accomplish. We understand what you're trying to accomplish,
namely, that farms are different than, you know,

40 acres and a barn. So propose some suggestions
on how the language changes.

But rather the argument goes we don't
think your definition of "premises" is right; so
wipe out the whole tier. I think that reflects
more of a hostility to that whole tier than their
effort to get us to wordsmith the word "premises"
better. If someone has any suggestion on how to
wordsmith the word "premises" better, please
provide it.

Second, on the one about inspections,
this is a consistent theme across all of our
rulemaking -- and it isn't just brought out in
connection with this one -- which is, the
purposes of rules is to tell the world what our
interpretation of what their obligations under
the law are. And so we take statutes that have
words that may be ambiguous, or sometimes the
legislators just punt -- legislators just punted
the whole issue to us and said, you know, "a
process set up by Department of Public Health,"
and we adopt rules that regulate the world.

A consistent thing that -- the ten
years I've been here, Susan Meister, our rule
person, says, well, that section doesn't belong
in the rules because that's saying that the
Department will do this within or the Department
will do that, and the rules aren't there to
regulate us. The rules are there to regulate the
world. Now, the statutes sometimes regulate us,
but our consistent practice with respect to our
rules has not been to put that kind of stuff in
the rules.

In a way, under this -- and several
reasons in this context, which is, a rule that
says we will inspect something on a particular
periodicity may well be our intent, and I think
Dr. Culp says in meetings, you know, our intent
is to inspect permitted farms consistent with the
inspection schedules we have on other facilities
we regulate.

But the thing -- and, actually, in
my -- in the legislative report, we were going to
get to this, the budget. The thing that looms
over all of our regulatory activities in this
department are our resources to do anything.

So we -- in some respects, having a
1 rule that says we're going to do something on a
2 particular periodicity, if we don't have the
3 resources to do it, isn't worth the paper it's
4 written on anyway. The operative factor in terms
5 of our being able to do something that we want to
6 do is the resources given to us, not a rule that
7 tells us to. Because all that's going to happen
8 is we aren't going to do it on that periodicity
9 anyway, and the auditor's going to make a
10 finding, and we're going to respond, "We didn't
11 have the resources," and the auditor's going to
12 say, "Go get the resources." And in the absence
13 of the printing press in the basement making
14 money, you know, it is what it is.
15 DR. PERSKY: But by putting a rule in
16 place and not committing ourselves to making sure
17 that works --
18 MR. CARVALHO: Right.
19 DR. PERSKY: -- that seems really
20 irresponsible.
21 MR. CARVALHO: Well, our whole
22 regulatory system for hospitals then is
23 irresponsible.
24 DR. PERSKY: And maybe --
MR. CARVALHO: Our whole regulatory system for nursing homes is irresponsible if you use -- if I accept that premise.

We regularly seek the resources to do the things that we've been charged to do, just as the local health departments seek the resources from their boards that they've been charged to do. But none of us have printing presses, and we have to stretch what we have, to do what we have to do.

David Culp and his office have committed to an intent to regulate these premises the way they regulate all of them, but no rule is going to make it happen in the absence of resources. It's not something that you can legislate.

Now, legislators sometimes do, and they think they're doing something good. I'll give you an example. In the nursing home area, legislators have from time to time proposed and perhaps even passed laws that said "No matter what, this type of complaint shall always been investigated." And all that does is bump some pumpkin off the back of the truck because, if
you've only given us the resources to go out on
"X" number of inspections, if you pass a law that
says "These will always happen," it means
something else -- and it means you don't have the
judgment to decide how to best allocate your
resources, that something else is always going to
come first.

Putting it in a rule doesn't expand
our resources to do it. All we can tell you is
our commitment to use our resources to do what we
can.

CHAIRPERSON ORGAIN: Let me make some
suggestions to that. I don't know if we can -- I
don't know where else, in terms of information --
everybody's passionate about the topic, and so
let me suggest some alternatives in terms of what
we'd like to do.

One is -- and, David, this is -- I'll
need your feedback on this -- postponing a
decision on this and moving it forward until our
next State Board of Health meeting where further
dis -- which will allow discussion with Dr.
Hasbrouck and further -- further clarification,
further amendment, possibly, to the rule, or
further additions to the rule. So that would be
an option.

MR. CARVALHO: Well, the statute
charges you with disposing of rules within 90
days of being submitted. So, actually, waiting
till the next meeting would put you outside of
your statutory responsibility. That's what --
statutes have put a deadline in rule.

DR. PERSKY: Except that there's
amendments. So we're saying that with the
amendments we get another 90 days.

MR. CARVALHO: Well, in no event will
the 90 days occur before the next meeting because
they go in 90-day cycles. But I don't want to,
you know, dwell on a technicality.

You can keep scheduling special
meetings and considering this as long as you have
a will to do so. The original proposal --
suggestion, when we found out we had a notice
problem today -- that you discuss it today but
vote on it at a special meeting -- was to be
respectful of your time but not to diminish your
capacity to consider this as much as you wanted
to.
I think you have options. First off,
you can continue this discussion as long as you
want. The special meeting that I suggested can
be longer than what I suggested. It was only
suggested it be short for the sole purposes of
vote, in anticipation of you fully discussing it
here, and therefore you were helping us fix a
technical violation of notice posting; you
weren't seeking an opportunity to discuss it
further. If you want an opportunity to discuss
it further, the next special meeting can be
longer.

CHAIRPERSON ORGAIN: So the question
would be do you want the face to face, or would a
teleconference work with the Director, or do you
want a face to face?

DR. ORRIS: I think face to face is
always better in that type of situation, but I
would -- I think we serve as service to the
Director. So it would be up to him. I'm just
sensitive to the fact that this is a process, as
described very well by Mr. Carvalho, that has
been one that he inherited that was midway
through when he took his office, and I just think
that we ought to have a chance to discuss all the aspects of this with the Director to discharge our advisory responsibility.

CHAIRMAN ORGAN: And so then I --

MR. CARVALHO: The other thing is that -- by the way, again, I don't want anybody to confuse my words. When I said the special meeting by phone, you could have a special meeting in person too, if you want. It's just that, again, that involves more of you, more of your time, and more of your travel. You aren't limited to your special meetings be telephonic.

Second, I certainly don't want to convey -- well, two things. Both directions. I don't want to convey the sense that Dr. Hasbrouck hasn't been very involved in this issue because he has been. Dr. Culp and his team have kept him apprised every step of the way. So he's not ignorant of the concerns in both directions.

Having said that, that doesn't mean that you can't choose to seek to have an opportunity to personally talk with him about it as well. I just don't want you to think that he's unfamiliar with the issue.
CHAIRPERSON ORGAIN: Karen.

DR. FHELAN: The Department has an obligation to send these rules to JCAR. When is that date?

MR. CARVALHO: Well, actually, I always use that as shorthand, but the -- we -- we send rules to the Illinois Register to be published. Then we get the comments, and then we respond to the comments to JCAR.

Well, actually, the first place -- for years now you have been using in your motions a shorthand about sending the rules to JCAR, and that's really shorthand for initiating the whole process.

The first instance is the rules get published in the Illinois Register and comments come in. Our response then goes to JCAR with any changes. So it's -- so your -- maybe I'm repeating myself. But this isn't going directly to JCAR when this meeting is over.

DR. PHALEN: Do you have a commitment then as to when we're sending them out?

MR. CARVALHO: No. The Department is trying to react to a situation. One of the
things -- if I'm allowed to give kudos to
Dr. Culp, one of the things that Dr. Culp has
done in his tenure at his office is look at
everywhere where the statute says there's
supposed to be rules but there haven't been, and
then other places where there's an opportunity
for there to be rules and circumstances suggest
that maybe there should be. And so he has been
systematically over and over again before you
with rules where he's been filling in what hasn't
occurred.

That helps us avoid audit findings in
the cases of rules that are required because the
auditor says, "You're supposed to have rules,"
and we say, "We'll work on it." This is what Dr.
Culp has been doing. And then in other instances
it's just responding to a situation.

There is no deadline for the
consideration of these rules other than
responding to a situation that currently the
Department finds unattractive, namely, an
activity that is potentially injurious to the
public health being unregulated in any meaningful
way.
CHAIRPERSON ORGAIN: So my recommendation and my question in regards to whether it was preferable to have a face to face or teleconference was just a sentiment to find out. David had sent out and Kish re-sent the request for a Doodle Poll. We can certainly withdraw that, request some time from the Director, and then re-send the Doodle Poll.

DR. ORRIS: I'm just proposing that it's at the discretion of the Director --

CHAIRPERSON ORGAIN: Absolutely.

Absolutely.

DR. ORRIS: -- if the Director feels that he wants to get more of this input. If he's involved, as David says, and doesn't feel he needs the input, then let's not have the meeting. There's no reason to do that.

And I'm perfectly content to shift this straw poll and take a formal vote here and then add to it. However you want to do it. But I think we ought to make that offer because we don't get a lot of these issues that are so -- that stimulate so much discussion, though I really would like to hear some of the downstate
counties, and I haven't heard their public health
departments at all in this process, and I'm --

MS. BROOMFIELD: Yes, they have.

MS. FIORINI: Can I -- this is Beth.

Can I -- I'm sorry.

I'm actually the president of IAPHA,
which is your 80 downstate, and they sent you a
letter that went to the rules. And I think Kish
sent it out to everyone. And we're in complete
agreement with NIPHC on this. And I don't --

DR. ORRIS: Thank you.

MS. FIORINI: Okay.

DR. ORRIS: I missed it. Okay.

MR. CARVALHO: This is Dave, again.

Also, to tell you your options -- and
maybe I'm generating too many options here, but
if you as a Board want to meet with the Director,
that has to be an open meeting with notice and
the transcript and the whole bit.

If a subset of you wish to meet with
the Director on this topic, that would be less
than a majority of a quorum. I forget what your
quorum -- so, you know, three or four people
would be a group that they can meet at any time
they can schedule.

DR. ORRIS: I'd put it on the record, but it's up to the Director. We're advisory to him. How does he want to use us?

CHAIRMAN ORGAIN: So we will certainly extend the request to the Director. If the Doodle Poll needs to be modified accordingly based on his availability, then that's what we'll do. Is that acceptable?

REV. MCCURDY: Otherwise, we would vote.

CHAIRPERSON ORGAIN: Otherwise, we will vote based on the Doodle Poll next week.

DR. LOPEZ: This is Dr. Lopez.

CHAIRPERSON ORGAIN: Yes.

DR. LOPEZ: There were a couple of other technical items Dr. -- I think it was Dr. Persky who mentioned the coliform. But there were a couple of other technical items that I had hoped to address. If I can't address it in this venue, is there another venue where I can raise the issue -- where I can raise the issues?

CHAIRPERSON ORGAIN: We haven't finished discussing. So please raise the issue,
Dr. Lopez.

DR. LOPEZ: Certainly the -- I guess I'll do this in order. I am on page 15 of the rules, and it is capital (E) that talks about the statement "Warning: This product has not been pasteurized and therefore may contain bacteria that can cause serious illness." That was certainly raised by the Northern Illinois Consortium. I think there was agreement that "bacteria" was too narrow and needs to be expanded, but it appears here.

I would also support, though, the removal of the word "can." There already is a -- is the word "a." So there's the declaration that there's uncertainty whether or not pathogens would be in this, but it's still a warning. But there's no dispute that it goes -- that those pathogens cause serious illness. Now, they don't cause them every single time, but that's besides the point.

I think -- I think striking the word "can" is appropriate and changing the word from "bacteria" to "pathogens," I believe, was already accepted by the Department.
MS. LAMB: This is Molly.

And you're absolutely correct. We made that change underneath -- on page 14, underneath Section (d)(2), but my eyes failed to see make -- see to make the same change under (e)(2)(E) there. So that change will be made.

DR. CULP: So excellent point. The Department will go through and make sure any of those cases -- my apologies talking over, but I want to make sure we're clear, Dr. Orgain, and to the question from, I believe, Dr. Lopez. These are excellent points, and we'll go make sure we're consistent throughout with that. So thank you.

DR. LOPEZ: Well, I appreciate that part, but that doesn't address the issue of the word "can."

DR. CULP: No. We're agreeing with you. We'll take "can" out.

DR. LOPEZ: Okay.

DR. CULP: Sorry if I didn't make that clear. We'll take "can" out and do that throughout the document; correct, Molly? To be consistent with -- with --
MS. LAMB: Yeah. There's -- I don't know if -- that it's -- yeah.

(Several people talking at the same time in Springfield.)

CHAIRPERSON ORGAIN: Who's speaking?

MS. LAMB: This is Molly Lamb.

CHAIRPERSON ORGAIN: Who's speaking?

DR. CULP: We had a question, Dr. Orgain.

Molly, go ahead.

MS. LAMB: Oh, I -- so just remove "can" and just say "that causes"?

DR. LOPEZ: Correct.

MS. LAMB: Okay.

CHAIRPERSON ORGAIN: And, Dr. Lopez, any other additional comments?

DR. LOPEZ: Yes.

Further down on page -- I'm getting to it. I believe it is page 18. Yes, it is page 18. Again, letter (c), milk is not sold or distributed to the consumer within four hours after beginning milking and shall be cooled to less than 45 degrees.

You know, I -- I read the
Department's response to the Northern Illinois Consortium's recommendation that it be 41 degrees. I guess I would just argue that why not have a more strict standard to this? Okay. It seems to make sense to me that you want to -- since we anticipate that there is a greater likelihood in this unpasteurized product to contain pathogens, that we would want to do everything possible to minimize the -- the -- the growing possibilities for such pathogens, which would be better, it seems, at 41 degrees than 45.

MS. LAMB: And for the -- we did -- we did reword in collaboration and agreement with NIPHC for (e), but you're right, the 45 was an area of discussion as well.

You'll notice in Tier II that, apart for the transport, that we did ensure storage and temperature maintenance at 41 degrees or less for that aspect.

So the 45 is consistent with the Pasteurized Milk Ordinance. The 41 is consistent with our food code.

CHAIRMAN ORGAIN: So what is your answer? Is there an ability to change it to 41,
or is -- what -- what's the desire?

DR. CULP: Yeah. I'm going to jump in here, Molly.

And Dr. Lopez and, I think, Dr. Herrmann, per our discussion at the rules committee, recognizing that the unpasteurized milk does have a greater propensity for the growth of pathogens and particularly bacteria, we can agree to that, to take it -- being consistent with the transport, take it down to 41 degrees.

CHAIRPERSON ORGAIN: Thank you.

Thank you.

All right. So, Dr. Lopez, any further?

DR. LOPEZ: Okay. A little further down on the same page, under the quality count requirement standards, I appreciate that the samples are going to be sent in. I guess it's not clear what the process is to make sure that -- I mean, how do you know somebody's not sending in samples? Or if -- especially if you have multiple sites where cows are being milked.

MS. LAMB: Sure. I'll address the mechanics of this a little bit. We're modeling
this as to what we do right now with our dairy
farms.

So we, as a department -- from the
dairy farm to the bulk milk hauler/samplers, we
utilize certified samplers to collect the raw
milk samples from the farm that are sent to then
the private laboratories that then have to send
to the Department.

So that's modeling the exact same
process, and monitoring of those will occur in
just the same process. So we will know the
absences of the gaps if frequent -- of frequency
if collection and testing is not occurring by way
of those that we're permitting and connecting
based on the frequency and monitoring in the
region.

DR. LOPEZ: Okay. Even if there are
multiple sites where cows are being milked. I'm
assuming that samples will have to be taken from
each site where the cows are being milked. Or is
that an incorrect assumption?

MS. LAMB: That could be. I'm not
sure. I guess we could get into an instance
where a dairy farm would have more than one farm
location with more than one milking location for
herds, potentially. And -- and, yes, that would
be the case. But typically only one location.

DR. LOPEZ: Okay. So I guess I would
hope that that would be clarified that, if there
are multiple locations where cows are being
milked, that samples have to be taken from each
location.

MS. LAMB: And I -- we -- yeah. I
can look into that a little bit further and how
to address that more specifically with language,
perhaps.

DR. LOPEZ: We then get to the issue
on page -- that was previously referenced -- and
this is immediately followed on page 19 -- with
reference to the coliform. You know, again, why
wouldn't we have a tighter standard on this?
I just don't get it.

MS. LAMB: And, you know, we
understand that premise and that argument. It's
just that, you know, we have done extensive
research across country -- or, you know,
country-wide as it deals with -- in comparison of
standards both for the pasteurized and for the
raw milk, linking back to the Pasteurized Milk Ordinance, even to a Raw Milk Institute which really has a stricter requirement for bacteria. But that was something that was agreed to be eliminated through our discussions in reference to that. So then we -- so we understand that, but it's what standard then. You know, there is no standard for -- for -- for this for direct to consumers therefore.

So these are the standards by which, you know, of course, as we've discussed and everybody's aware, the Pasteurized Milk Ordinance -- knowing, though, that that raw milk is with the intent under the PMO to be pasteurized. But there aren't standards -- exception of the Raw Milk Institute that have standards that have addressed the raw milk, along with other states that do directly to consumers to which we have compared, and we've tried to align, as best we can, across the country.

DR. CULP: So this is really a consensus from all the sources; correct?

Multiple references; correct, Molly?

MS. LAMB: Yes.
And I know somatic cell, as, you know, a milk quality indicator, you know, for years -- or not for years, but there have been proposals to the National Conference on Interstate Milk Shippers of decrease of the somatic cell count, and that's never been approved. And I know NIPHIC brought to us, you know, about a 500 decrease in that number -- 500,000 decrease in that number.

DR. LOPEZ: Okay. And then preferably -- and this is my last comment. On page 22, there is (g), raw milk shall not be sold to, offered, et cetera, et cetera. You know, there was an interesting point raised in the Northern Illinois Consortium's letter. I'm a little bit troubled, and maybe I need further clarification on the Department's explanation of this. And that is found on page 19 of the Northern Illinois Consortium's letter.

The Department's explanation references some farms have a quasi-retail store on their premises whereby consumers purchase their farm products. And it's making it sound like these products could then be sold -- again,
I'm confused by this, and perhaps this can be --
I think it may end up opening the door to
troadside sales that is presumably prohibited in
other parts of this. But this now then seems to
open things up if that interpretation is
expressed in that (inaudible).

UNIDENTIFIED: That's correct.

MS. LAMB: And for this last
rulemaking that was sent forth, you know, in
working with NIPHIC, we did put in the last
sentence that -- you know, for the gaps of the
food service establishments, for the lodging and
maybe public roadside markets, and public food
vending machines that are exempt in the food
service establishment definition currently. In
the food code, we did say that raw milk could not
be sold from those three.

And then some of our comments
regarding retail. We have a couple on-farm
processing-type of operations to where they do
have kind of like a store front retail, and it's
our -- we're knowledgeable that they are -- they
are permitted and inspected by the local health
departments. So then therefore, by definition
and by that, they would fall underneath a food
service establishment and then therefore could
not sell raw milk.

DR. LOPEZ: Okay. Thank you.

CHAIRPERSON ORGAIN: Thank you, Dr.

Lopez.

So --

MS. LAMB: And I guess I would just
make one more point, you know, that we'll be
overseeing -- overseeing, and those have to be
permitted too -- the receiving station on the
premises. So therefore, you know, there's our
oversight on that as well.

And I guess also with inspection
frequency -- I know that was brought up as well,
and I will -- on Tier II it's very specific that
all that falls underneath the PMO. The PMO
specifies farms must be inspected every six
months to be Grade A. So, in fact, Tier II does
have an inspection frequency listed in.

And for Tier I we -- we -- it is our
intent that we will follow through on what we put
into these rules. Our Grade A are -- like I just
said, are inspected every five to six months.
Our manufactured farms are inspected every year.

DR. CULP: And I would just echo that just because I think actions mean more than words. I think we could all agree on that. And the very fact the Department has been very committed to gleaning over the last year and a half all pertinent information, working with local health departments, as well as advocates, as well as continue to push these rules through, that we are very intent on regulating for the very nature we're looking for the opportunity to put in place the ability to regulate.

MS. FIORINI: Can I ask --

CHAIRPERSON ORGAIN: Beth.

MS. FIORINI: Thank you. I just have a clarifying question because I'm still kind of confused about -- okay. So it's not a food place, but it's a small town, and they own a piece of property on that town, and all they do in that town -- in that piece of property is distribute raw milk. So they own it, but it's not coded as a farm. Can they or can't they sell raw milk there -- or distribute raw milk there?

MS. PATON: Except -- well, it's got
to be part of the farm.

MS. FIORINI: Physically part of the farm.

MS. PATON: No. I mean, it's -- it's -- modern-day farming operations have many parcels often scattered. It's no longer the traditional "We live on the 40 acres, and the homestead and the cows and all that is right there." There's -- farmers often have multiple parcels.

If they have multiple parcels that constitute the farm as they define it, yes.

MS. FIORINI: Okay. So they're in a town, a small -- a village, a town, a few thousand, and they have -- and they have equipment in there. They hold -- you know, it's part of their farm because they have equipment in there. But it's not under -- what do you call that word? When you code something, you --

DR. CULP: Well, it's not zoned.

MS. FIORINI: Yeah, it's not zoned a farm.

MS. PATON: Yeah, that may not be, but the location -- I mean, you could have an
instance where the farmer lives in town and that parcel's of the farming operations. The farm office is the -- is the home location. That is part of the farm.

MS. FIORINI: So they could -- so they could distribute it --

MS. PATON: If it's a storage facility -- if it's a shed that's storing the combine and the tractors and the fertilizer or whatever is located at a parcel, that's considered part of the farm.

MS. FIORINI: Okay. So --

DR. CULP: To Beth's question -- my apologies, Beth. Sorry to cut you off. But to Beth's question, Elizabeth, is it not the commonality the ownership of the --

MS. PATON: The ownership and control --

DR. CULP: -- the ownership of both sites.

MS. PATON: Right. But that location, if there is a shed in -- quote, within, say, city limits that is housing the very farm equipment or supplies, that would have to be
licensed and permitted as a receiving station, and there would be -- all of the requirements that meet a receiving station would have to be at that location. So it's not like they're just selling it off or distributing it off of the curb or out of --

MS. FIORINI: Right. But I --

MS. PATON: There would be -- all the requirements of a receiving station would have to be present in that --

DR. CULP: If it met those requirements, Beth, it would have to then be permitted and --

MS. FIORINI: Right. But I think that kind of is part of the problem or the issue that people have concerns with because, once you get in a city, even if it's a 10,000-person city, it -- it becomes -- it's not so hard to go get it. You don't have to think about it. Oh, I'm going to go to this farm and -- and -- because I have a real desire. Now it's there, and it's more popular, and people are just trying it, and -- and I think that may be part of the public health concern -- is how far it will reach...
MS. PATON: Right. I mean, really,
you know, there's fine lines and hairs --
DR. CULP: But let me ask the
question, Elizabeth, at that point because I
think she makes a very good one. From a public
health standpoint, if we are aware of that
distribution site, without the ability to permit
it, we have no ability without that subpoena to
gain --
MS. PATON: Exactly.
DR. CULP: -- access to the premises.
MS. PATON: Exactly. If that site
is --
DR. CULP: So we know --
MS. PATON: -- located in town, we
can't get -- we can't legally get on those
premises. We don't have justification to get on
those premises to determine that they're selling
or distributing raw milk or that the fluid they
are indeed distributing is indeed raw and not
pasteurized. We cannot -- at this point in time
have difficulty getting the evidence we need to
get that facility --
MS. PIORINI: And you're saying it could be happening now, and you don't have the evidence. I think some of us are saying this is opening it up for people to push it in and do it more into those places they wouldn't have done before.

MS. PATON: But they wouldn't be -- under the way we have it defined right now, they would need to have -- be part of a herd share or distribution agreement to be able to go -- be directed to go there. It's not --

DR. CULP: It sets limitations.

(Several people in Springfield talking at the same time.)

MS. PATON: -- retail sale did not occur at that spot.

CHAIRPERSON ORGAIN: Is there a motion to close debate? Is there a motion to close debate?

DR. ORRIS: I have a question, and I have a procedural question and one more question.

MS. EGONMWAN: Excuse me. Excuse me.

Hello? Hello.

CHAIRMAN ORGAIN: Hello. Go ahead,
please. Identify yourself, please.

MS. EGONMWAN: Sorry. This is Kim Egonmwan, legislative affairs. I'm very sorry to interrupt your conversation, and I promise I'll be just as quick as possible. I am scheduled to be --

CHAIRPERSON ORGAIN: I'm sorry.

MR. CARVALHO: Kim.

CHAIRPERSON ORGAIN: Okay.

MS. EGONMWAN: I don't foresee being able to give my report because the conversation -- you all are having a real in-depth conversation.

Would you like for me to e-mail the legislative report for end of session to the members, Dr. Orgain?

CHAIRPERSON ORGAIN: Members, do you want --

DR. PERSKY: I'd like to see it.

CHAIRPERSON ORGAIN: Yes. Please.

MS. EGONMWAN: Okay. I will -- in lieu of giving the report today, in the event -- because I have to go into another meeting. In lieu of giving the report today, I will e-mail
the report to everyone. I'll get the list from
Kish, and I'll just e-mail the report to
everyone.

CHAIRPERSON ORGAIN: All right. So
if everybody's clear, item on the agenda number
VIII, Kim will be e-mailing her report to us
because she has to leave at this time. Okay.

MS. EGMONWAN: Yes. That will
include the bills that were passed -- the bills
that were passed by our Department, some of the
other bills that we are, you know, interested in
as the Department, and then also the budget for
the Department.

CHAIRPERSON ORGAIN: Sounds good.

Thank you very much. We appreciate it.

MS. EGMONWAN: Thank you.

CHAIRPERSON ORGAIN: Okay. So that
takes care of agenda item number VIII.

Peter.

DR. ORRIS: I have one informational
question and one procedural question, and then
I'll be ready to close the debate.

The procedural question is I want an
opportunity to explain my vote, and I don't know
1 if I can do that on the Doodle Poll. I want to
2 explain the reasons for my vote, and I want it on
3 the record.
4
5 CHAIRPERSON ORGAIN: Under the
6 Doodle -- the Doodle Poll is just for the time.
7 We will then -- it's a Doodle Poll for -- for --
8 to identify the time for the conference call.
9 Okay. So if that answers that.
10
11 DR. ORRIS: Conference call would
12 be --
13
14 CHAIRPERSON ORGAIN: That's correct.
15
16 That's correct.
17
18 COURT REPORTER: Dr. Orris, I can't
19 hear you. I can't hear you. I'm sorry.
20
21 DR. ORRIS: I'm sorry. I was saying
22 nothing useful. They clarified it. I now
23 understand the Doodle Poll. I'm not sure that's
24 worth reporting.
25
26 And then the second question is
27 this -- and I'm really a little confused about
28 the original powers of the public health
29 department, and I guess I would like at some
30 point for the lawyers or whatever to share the
31 original empowerment statutes because I'd like to
look at it.

It appears you're saying the only way the public health department can enforce is by involving the state's attorney or the -- or Madigan's office, et cetera. I know you enforce with fines. I believe that's under the permitting regulatory possibility. But doesn't the Department have the ability to enforce on their own with fines or whatever else to protect the public health, or is it the position you do not?

MR. CARVALHO: We can certainly get you -- well, two things. This is Dave.

We can get you a citation to our statutes which are, you know, hidden online.

DR. ORRIS: I was looking, and I couldn't find it.

MR. CARVALHO: But as a general rule, no, you cannot state the proposition that we have the authority to levy fines on things.

So, for example, right now there's not -- there's only one violation that a hospital can do -- and that's not providing language translation services three times after they've
1 been cited for doing it -- that we can fine a
2 hospital. We have no general authority to fine
3 hospitals.
4 DR. ORRIS: No, no. But you fine the
5 hospitals under the permitting process?
6 MR. CARVALHO: No. There is no
7 authority to fine --
8 DR. ORRIS: But you fine nursing
9 homes.
10 MR. CARVALHO: That's because there's
11 statute authority.
12 DR. ORRIS: So you need a specific
13 statutory authority.
14 MR. CARVALHO: You need a specific
15 statute authority to fine people.
16 DR. ORRIS: Or a permitting process?
17 DR. CARVALHO: Well, if we have a law
18 that gives us authority to set something up --
19 and now I'm actually -- record the time. I'm
20 losing my voice. Alert the media.
21 So we'll ask the lawyers to give you
22 a full representation -- or explanation of what
23 our authority is and isn't, but as a preview, we
24 do not have plenary authority to fine people for
not doing what we ask them to do. We have to
have some statute that specifically let's us do
it or some rule that we hook on to some statute.
The other thing procedurally -- now
that we're clear that we're Doodle Polling to
find a time for your next meeting as a Board to
take votes -- again, I'm making it more
complicated, but I want you to know. There are
two things you can't take a vote on today that we
wanted to vote on. The first is the thing you've
been discussing. The second is Smoke Free.
The first, the raw milk, we are
addressing because, after all this process, we
want to address it. The Smoke Free -- we made a
commitment to key legislators that we are -- that
that's why we asked for this special meeting so
that you could do the rule, and that's why we
wanted it voted on today so that we could get
that going because we made that commitment, that
after five years, we were -- all the impediments
were out of the way, and we're going to move
forward.

So even if you develop some
alternative on how you want to address with the
raw milk rule -- such as asking that it be
defered till the next rules committee meeting
but then the whole Board have a special meeting
coincident with the rules committee or some
future meeting with the Director to be
arranged -- however you handle that, we would
still like you to fill out the Doodle Poll, if
you're willing, so you can have that short
meeting, if nothing else, to address the Smoke
Free Illinois rules because those we made a
commitment that we really want to honor.

Thank you.

CHAIRPERSON ORGAN: Okay. Is there
agreement on moving the agenda at this time? Any
opposition?

(No response.)

CHAIRPERSON ORGAN: Then that's what
we'll do.

Thank you for your passion in regards
to this subject.

I'm going to go back to agenda item
number III.

DR. ORRIS: I'm sorry. How did you
dispose of that item? We didn't take a formal
vote. Do you want to do that or --

CHAIRPERSON ORGAIN: I said was there any objection to moving forward.

DR. ORRIS: Yes, ma'am. But --

CHAIRPERSON ORGAIN: Which one --

DR. ORRIS: -- then come to a resolution of that. Are we tabling it to a special meeting? What are we --

CHAIRPERSON ORGAIN: Oh, all right.

DR. ORRIS: Because you took a straw vote. You didn't take a real vote.

CHAIRPERSON ORGAIN: So the recommendations that I had given before -- and as David pulled one of those rules out -- that we will still do the Doodle Poll for a meeting so that we can at least dispose of Smoke Free Illinois. And that Doodle Poll asks you for a time for next week Tuesday and Wednesday.

DR. ORRIS: So I move we table the item we've been discussing --


DR. ORRIS: I'm sorry.
CHAIRPERSON ORGAIN: Let me finish.

So that takes care of Smoke Free Illinois with a Doodle Poll for next week.

For raw milk, the recommendation was that we request from the Director his availability or desire to meet with the entire Board and get his calendar for that and then advise you as a Board. That was what I was (inaudible), and if that's acceptable, that's what we will do.

REV. MCCURDY: And just add, Dr. Orgain, if the Director, for whatever reason, indicated he would not be available or did not wish to do that, then we would go ahead and vote at the same time as we did the Smoke Free Illinois rule?

CHAIRPERSON ORGAIN: There's that availability, if he gets back to us soon.

DR. ORRIS: And if the Department continues to edit the rule that they have in front of us, I would assume that they would agree that the clock starts today on the 90 day -- on the --

MR. CARVALHO: No, Peter, and here's
why: If you were to interpret the statute that way, every meeting you had where we agreed to change a rule in accordance with what you asked, we would then have to bring it back to you 90 days later at the next meeting because you only meet every 90 days.

DR. PERSKY: No. Unless we gave approval to just go ahead and do it.

MR. CARVALHO: No. Because sometimes what happens is we don't commit one way or the other at the meeting. You sometimes say, you know, we approve the rule subject to -- you know, we've got these four recommendations, and the Department says we'll consider those and incorporate them or not.

One of the things that -- there are so many different venues for commenting and acting about our rules. One of the things that -- over history, over the past, you all have, as individuals, sometimes done this: The Board may approve the rules subject to certain caveats and things they'd like to see considered but didn't -- they weren't -- they didn't rise to the level that they wanted to not approve the
rules based on those. You kind of left it to the Board's discretion. And especially if there were things that perhaps fewer than a majority of you were concerned about, those individual Board members have two more opportunities in the comment period. You are not precluded as individuals from commenting on rules.

DR. ORRIS: We didn't approve these rules. We haven't done anything with it yet. We started the clock.

REV. MCCURDY: So when did the time begin? Please tell us that.

MR. CARVALHO: Right. When they were distributed to you -- well --

DR. ORRIS: Which version? I think we're dancing on the head of a pin. It doesn't matter a lot. But that was -- that was in defense of the indefensible.

MR. CARVALHO: I'm not going to respond.

REV. MCCURDY: So when did the 90 days start more or less?

MR. CARVALHO: I'm not going to respond to that. I don't know. I'm not the
lawyer for here. I was trying to be helpful.

Instead I'm not. I'll just be quiet.

REV. MCCURDY: Thank you.

DR. ORRIS: Me too.

CHAIRPERSON ORGAIN: Okay. I think

that -- is everyone clear about our next step? I

think that's what's important at this point -- in

terms of next steps.

DR. CONRAD: This is Valarie, Dr.

Orgain.

Are there going to be any more

changes made to the actual rule before we meet to

discuss again?

CHAIRPERSON ORGAIN: Some of the

things that you heard Dr. Lopez address -- those

will be changes to the rules.

DR. CONRAD: Okay.

CHAIRPERSON ORGAIN: Okay. And

substantively, based on our discussion here,

unless as -- as individuals you see something

that you want to address to staff, but other than

that, there wasn't anything else immediately for

change in the rules.

DR. CONRAD: I was just asking so
that we could get that paper document to at least get a chance to read through before the conference call we were planning on answering.

CHAIRMAN ORGAIN: Okay. So that's -- that's -- so -- so for the final discussion?

DR. CONRAD: Yes.

CHAIRPERSON ORGAIN: With those additional changes?

DR. CONRAD: Yes.

CHAIRPERSON ORGAIN: We will ensure that that is absolutely distributed before the next discussion.

COURT REPORTER: Excuse me. Could I have the name --

REV. MCCURDY: But is that doable by you all at the Department? Just to be sure.

COURT REPORTER: Excuse me. Could I have the name of the lady in blue, please, that was just talking.

DR. CONRAD: Valarie Conrad.

COURT REPORTER: Thank you.

CHAIRPERSON ORGAIN: Say it louder.

Okay. Did you hear her?

COURT REPORTER: Yes, I did. Thank
you.

MS. LAMB: This is Molly Lamb.

I can make those changes and get to Susan and Kish for distribution.

MS. MEISTER: And copy Elizabeth.

MS. LAMB: And copy -- yeah. Right.

CHAIRPERSON ORGAIN: All right.

Thank you very much.

MS. LAMB: Before the end of the week.

CHAIRPERSON ORGAIN: Okay. Let me just make everybody aware -- from a time perspective, I need to ask. One is -- is we did spend the meeting with that one rule. And I would ask if everybody is available just for a 15-minute extension beyond 1:00 o'clock so we can do a few more agenda items. So 1:15.

Is there any objection?

(No response.)

CHAIRPERSON ORGAIN. Okay. Anyone on -- is everybody -- any objection in Springfield?

(No response.)

CHAIRPERSON ORGAIN: Okay.
So let's move on to approval of

meeting summary, item -- agenda item number III.

Any amendments, edits, additions to the meeting

summary?

(No response.)

CHAIRPERSON ORGAIN: All in favor of

approval of the meeting summary.

("Ayes" heard.)

CHAIRPERSON ORGAIN: Any opposed?

(No response.)

CHAIRPERSON ORGAIN: The meeting

summary is approved.

I'd like to go to item number V on

the agenda, and what we will do is by consent

calendar --

And, again, I want to thank our

guests for their public comment.

For the rules committee report, that

we will go by a consent calendar.

REV. MCCURDY: Would you please

explain, for those of us who may not be entirely

familiar with that terminology, what that means.

CHAIRPERSON ORGAIN: All right. So

the consent calendar on the agenda for the rules
committee report. We have items A through G, and
the consent calendar means that we will approve
them all in a block unless you would like to
extract any item.

REV. MCCURDY: Letter E cannot be --
remember, E and G are the ones that --

CHAIRPERSON ORGAIN: Right. Right.

And so we've already extracted E, and so I would
ask are there any additional extractions?

REV. MCCURDY: Letter G because we
were not empowered to act on that today.

CHAIRPERSON ORGAIN: So I would move
approval of items A, B, C, D, and F.

DR. BANASZYNISKI: David Banaszynski.

Motion to approve.

CHAIRPERSON ORGAIN: All in favor.

("Ayes" heard.)

CHAIRPERSON ORGAIN: Thank you.

And we have extracted E already, and
we will discuss G.

DR. MARGOLIS: Excuse me. This is
Fred Margolis.

I have a question on B, the Dental
Student Grant Act. How much money --
CHAIRPERSON ORGAIN: I'm sorry. Who is speaking?

UNIDENTIFIED: Fred Margolis.

CHAIRPERSON ORGAIN: Thank you.

Then we will --

MR. CARVALHO: Fred has a question (inaudible).

CHAIRPERSON ORGAIN: I know. We did approve the consent calendar, but we will allow your question on B.

DR. MARGOLIS: Thank you.

CHAIRPERSON ORGAIN: Please go ahead.

DR. MARGOLIS: How much money is allocated toward that program? Because if there's no money allocated, it's kind of a moot point.

MR. CARVALHO: This is Dave Carvalho. Is Bill Dart in the room?

MR. DART: Yeah. I'm down here at the end.

MR. CARVALHO: Yeah. Thank you.

Bill, the question was how much money is allocated to this currently?

MR. DART: Right now there's zero
allocated.

MR. CARVALHO: All right.

And so, Dr. Margolis, this is in the category of, where the statute requires that we develop rules, we are held accountable for developing rules whether the legislature has chosen to appropriate money for it or not; and, in fact, we regularly get cited -- well, not regularly, but we occasionally get cited by the auditor general for failing to have rules even though there are no appropriations to support the program.

So just as I gave kudos to Dr. Culp earlier, Bill Dart, in the Center for Rural Health, has been doing the same thing, looking and seeing where there are supposed to be rules but are not rules and adopting rules even if it's something that the legislature hasn't yet chosen to appropriate money for. It's what we do.

CHAIRPERSON ORGAIN: Thank you for the question.

DR. MARGOLIS: Is there any liability to either the legislature or our committee for not having any funds available for this by either
the students or a dental school or something like
that?

MR. CARVALHO: No. If there were --
about half the statutes they adopt these days all
say something to appropriation, and then they
don't appropriate anything. So, no, that theory
is not going to cause any problems for us.

DR. MARGOLIS: Okay. Great. And
thank you for answering my question.

CHAIRPERSON ORGAIN: Thank you.

So we'll move on to item G.

Discussion G.

REV. MCCURDY: Discussion -- somebody
in Springfield want to give us some brief
introductions to the Smoke Free Illinois Act
rule?

MS. MOODY: Sure. Good afternoon.

This is Connie Moody with the Office of Health
Promotion.

And these rules are intended to
implement the Smoke Free Illinois Act, which
authorizes the Department to enforce provisions
of the Act and assess fines for violations of the
Act.
This rulemaking is very specifically limited to address issues related to public places that where smoking is prohibited that are -- that may be areas that are -- include outdoor spaces -- such as restaurants, bars -- and to clarify that smoking is very strictly prohibited in those areas if food or beverages or both are served by employees or are prepared by employees. Some examples of those outdoor areas would include patios, beer gardens, roof top decks, or concession areas.

Additionally, our rulemaking includes and addresses provisions related to the filing of complaints and enforcement provisions that are important to the Department and the enforcement agencies.

This is largely a rule that we developed to assist enforcement agencies at the local and community level with consistently applying the requirements of the Smoke Free Illinois Act throughout the state, specifically, again, for outdoor public places.

CHAIRPERSON ORGAIN: This is Dr. Orgain.
I have a question, particularly in regards to -- this was basically done primarily for tobacco products. I do, however, see that -- that on -- it's not numbered.

REV. MCCURDY: On the third page?

CHAIRPERSON ORGAIN: Yeah. One, two three. Yes. On page 3, the last definition of "smoke" or "smoking" means carrying, smoking, burning, inhaling, or exhaling any kind of lighted pipe, cigarette -- cigar, cigarette, hookah, weed, or any other lighted smoking equipment. And is it intended that that includes e-cigarettes?

MS. BROOMFIELD: So that -- that is an excellent question, and it is -- the Department has interpreted that definition as not being strict enough to address e-cigarettes and e-cigarette products. This is an issue that the Department is working on, and we would like to further develop that idea, but it will take a change to the statutory authority of the Smoke Free Illinois Act to address that. So it is in our future, but not in this rule.

CHAIRPERSON ORGAIN: I was afraid of
that. Thank you. Okay.

REV. MCCURDY: Also, the rules
committee did have a chance to look this over,
but there was one item that I believe we did not
address, and at least I want to mention it.

In the definition of "public place,"
which would be on the second page of the rule --
well, I see. It starts on page 2, continues on
the third page. There's the whole list of
statutorily named areas, including -- when you
get down near the end of the definition --
restrooms, waiting areas, lobbies, bars, taverns,
bowling alleys, skating rinks, reception areas.

And then it mentions churches. Nothing wrong
with mentioning churches, but it occurs to me
that there are other places of worship that are
not churches, and I wonder if it would be
preferable to mention -- to be a little more
ecumenical or interfaith in that.

MS. MOODY: Yes. That -- we'd be
happy --

REV. MCCURDY: Say, substitute
"places of worship."

MS. MOODY: We would have -- we'd be
happy to do that.

REV. MCCURDY: I thought so since it's not statutory language. Okay.

CHAIRPERSON ORGAIN: Someone has a comment.

MS. SANDERS: Yes. This is Babette Sanders.

And I have a question under -- also under the definition of "public place." Were there dormitories listed somewhere in there? If they're not strictly an educational facility -- though I would argue quite a bit of education probably (inaudible) college dormitory or even a high school dormitory in a boarding high school. But I'm wondering if it is necessary to be explicit about dormitories.

MS. MOODY: I think that when the Act was written -- and I'll let Susan or Elizabeth jump in, but I think the idea of dormitories was more expansive because dormitories could be -- a summer camp facility could have dormitories, and so I think that the intent was broader than just an educational facility.

MS. PATON: Right.
MS. SANDERS: Right. But I don't see
the word "dormitory" there.

MS. PATON: Well, the word --

MS. SANDERS: I'm looking -- I'm
sorry.

MS. PATON: The word "school" is
there. So a dormitory on, say, the -- the site
of a university dormitory would be part -- be
considered part of the school. It's under --

CHAIRPERSON ORGAINE: And the
definition says "includes, but is not limited
to." So it might get too expansive based on
continuing to add, but certainly it seems as
though it is covered as a public versus a private
residence.

MS. PATON: Yes.

MS. SANDERS: Okay.

CHAIRPERSON ORGAINE: Thank you,

Babette.

REV. MCCURDY: Are we prepared to
vote?

(No response.)

REV. MCCURDY: I would vote that
we -- I'm sorry. Never mind. My mistake. I've
been here too long.

Are we prepared to conclude our discussion?

(No response.)

REV. MCCURDY: Okay. Then let's consider it closed for now, and then we will reconvene at the appropriate time to actually vote on the item when publicly posted.

CHAIRPERSON ORGAIN: Thank you. All right. So we've ended our discussion.

Let's move to item VI on the agenda, postsurgical recovery centers.

Bill.

MR. DART: Yes. Good afternoon.

So we're bringing to you our proposal to conduct the second evaluation of the postsurgical model, which is one of the alternative health care delivery models. This was last evaluated in 2006. So it's overdue, and we'd like to proceed with the survey of the seven existing facilities.

We basically modeled the draft survey that we sent to you on the previous survey.

There was a few items that we took out that were
really more -- accumulating more paper than we really felt that we needed. We made a few changes to the surgical procedures that are asked about where we get some specific records of what types of procedures they're doing, what are they charging for them, and -- let's see. What else was I going to add? I was going to add, you know, this is the Alternative Health Care Delivery Act, which the Board of Health with the Department is charged with evaluating and recommending actions with respect to their continuation to the General Assembly and the Governor.

It's been quite some time, I think, since one of these evaluations has been conducted. I guess as far as --

MR. CARVALHO: This is Dave.

I'll add one or two things to put this in context for you.

As you know, we're a CON state, certificate of need state, and there's a Health Facilities Services Review Board. The Health Facilities Services Review Board does not review for certificate of need. Everything in the world
that's health related is just specific things.
So right now it's hospitals, nursing homes,
end-stage renal dialysis centers, ambulatory
surgical centers, and certain things like that,
and then certain large medical equipment like a
proton beam, you know, therapy piece of
equipment.

The Alternative Health Care Delivery
Act anticipated that there were some new and
novel things that perhaps -- this was in the
'90s, I think -- some new and novel things that
might become part of the landscape of health
facilities out there. And so under the shelter
of this Act, they created certain demonstration
projects, and the idea was that certain limited
number of them would be approved by the
certificate of need process and then evaluations
would be done down the road as to whether they're
working, and the issue of "working" was looked at
broadly, you know, financially and how it fit
into the fabric of care and all that.

So from time to time we have done
those evaluations, and then from time to time we
bring them to you because one of your dozen
statutory charges is to look over these
evaluations that we conduct. And so Bill has put
this one together for the postsurgical recovery
care center.

MR. DART: There are seven current --
okay. Go ahead.

CHAIRPERSON ORGAIN: No. Go ahead,
please.

MR. DART: There's seven current
models active in this area, the postsurgical
recovery care, out of 12 that were authorized.
The moratorium was put in the law in 2008, saying
that there were no more to be authorized after
that time. So we would survey those seven
facilities and also survey a comparable facility,
an ASCC that's in the general area, to see what
their results look like with respect to their
surgical procedures.

And then there's another component
where we query some of the stakeholders/interest
groups around these -- the free standing surgery
center association, the hospital association, the
medical society. So we would, you know, make
some general inquiries of those groups about
their impressions of this model.

CHAIRPERSON ORGAIN: Do any members
have any questions in regards to this
information?

MR. CARVALHO: Bill, does this
require a motion of approval or is this -- it's
under Items for Action. So I guess we're asking
you for a motion to approve our evaluation of
this alternative health care model.

CHAIRPERSON ORGAIN: All in favor of
approving --

UNIDENTIFIED: -- got to make a
motion.

CHAIRPERSON ORGAIN: All in favor of
approving our evaluation of alternative health
care models.

(No response.)

CHAIRPERSON ORGAIN: All opposed.

(No response.)

CHAIRPERSON ORGAIN: Hearing no
opposition, the motion is approved.

MR. DART: Wonderful. Thank you.

COURT REPORTER: This is the
reporter. I'm sorry. I did not hear any "Ayes"
or "Nays" or anything on that vote.

CHAIRPERSON ORGAIN: If there's no objections.

COURT REPORTER: All right.

CHAIRPERSON ORGAIN: Hearing no objection -- hearing no objection, then the motion is approved.

COURT REPORTER: Thank you.

CHAIRPERSON ORGAIN: Now, thank you all for how -- your passionate discussion. We have accomplished our agenda with the exception of two items.

We thank Karen Phalen for her chairmanship of the policy committee, but we will have to move that -- the SHIP information to our next meeting.

And I have two other items just for members. One is be sure to give your time sheets to Kish or send them to her, and Kish will follow up in regards to the badges, our ID badges.

Okay?

And thank you.

MR. CARVALHO: This is David Carvalho.
On behalf of the Department, thank you also for all of your input and for your staying. I have to run as soon as this meeting is over. So I apologize.

CHAIRPERSON ORGAIN: All right.

Thank you.

If there's no objection, we are adjourned.

(No response.)

CHAIRPERSON ORGAIN: Thank you.

Thank you very much.

(Meeting adjourned at 1:09 P.M.)
CERTIFICATE OF REPORTER

STATE OF ILLINOIS

COUNTY OF SANGAMON

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

[Signature]

ROBIN A. ENSTROM

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