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1 STATE BOARD OF HEALTH  
 2 ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
 3 DIRECTOR'S CONFERENCE ROOM - 5TH FLOOR  
 4 535 WEST JEFFERSON STREET  
 5 SPRINGFIELD, ILLINOIS  
 6 DIRECTOR'S CONFERENCE ROOM - 35th FLOOR  
 7 69 W. WASHINGTON  
 8 CHICAGO, ILLINOIS  
 9  
 10  
 11  
 12  
 13  
 14 MEETING  
 15 THURSDAY, JUNE 11, 2015  
 16  
 17  
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 23  
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1 MEMBERS PRESENT  
 2 Carolyn Lopez, MD, Chair  
 Pat Auveek Basu, MD, MBA  
 3 Vincent Bufalino, MD  
 Jorge A. Girotti, Ph.D  
 4 John A. Herrmann, DVM, MPH  
 Peter Orris, MD, MPH  
 5 Victoria Persky, MD  
 Karen Phelan  
 6 Monica E. Schnack, DC, CCSP  
 Babette Seligmann Sanders, PT, DPT, MS  
 7 Tim J. Vega, MD  
 8 Beth Fiorini, MS, BA, RN  
 9  
 10 IDPH STAFF  
 11 Nirav D. Shah, MD, JD  
 Laura Vaught  
 12 Molly Lamb  
 Mary Driscoll  
 13 Bernard Johnson  
 Dan Pippen  
 14 Charissa Norton  
 Leticia Reyes  
 15 Joe Aiello  
 Jonathan Gunn  
 16 Bill Dart  
 Joshua Steinberg  
 17 Barbara Fischer  
 Elizabeth Payton  
 18  
 19  
 20 Court Reporter:  
 Jennifer L. Crowe, CSR  
 21 Illinois CSR #084-003786  
 Midwest Litigation Services  
 22 15 S. Old State Capitol Plaza  
 Springfield, Illinois 62701  
 23 217-522-2211  
 24 1-800-280-3376

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1 A G E N D A  
 2 I Call to Order  
 3 II Comments from the Director  
 4 III Approval of May 14, 2015 Rules Meeting Summary  
 5 IV Approval of 12/18/2014 Meeting Minutes  
 6 V Approval of 03/18/2015 Meeting Minutes  
 7 VI Public Comment  
 8 VII Public Policy Report  
 A. SHIP Implementation  
 9 B. Division of Patient Safety/Quality  
 10 VIII Rules Committee Report  
 11 A. 77 Il. Admin. Code 235 Adverse Health  
 Care Event Reporting Code  
 12  
 13 B. 77 Il. Admin Code 465 Certification and  
 Operation of Environmental Laboratories  
 14  
 15 C. 77 Il. Admin. Code 750 Food Service  
 Sanitation Code  
 16  
 17 D. 77 Il. Admin Code 500 Vital Records  
 Code  
 18 IX New Business  
 19 X Announcements/Adjournment  
 a. Introduction of new board member, Dr.  
 20 Vincent Bufalino  
 b. Election of a SBOH co-chair  
 21 c. Introduction of Joshua Steinberg, new  
 IDPH employee.  
 22  
 23  
 24

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1 (11:05 a.m.)  
 2 MS. VAUGHT: I'm just going to take a roll  
 3 call so we can tell who is here. First of all, Dr.  
 4 Orgain is not here. Dr. Basu?  
 5 DR. BASU: Here.  
 6 MS. VAUGHT: Did I hear a "here"?  
 7 Dr. Conrad? Valerie Conrad?  
 8 (No response.)  
 9 MS. VAUGHT: Dr. Bufalino?  
 10 (Indicated by hand.)  
 11 MS. VAUGHT: Jorge Girotti?  
 12 DR. GIROTTI: Present.  
 13 MS. VAUGHT: Dr. Herrmann?  
 14 (Indicated by hand.)  
 15 MS. VAUGHT: Dr. Lee?  
 16 (No response.)  
 17 MS. VAUGHT: Dr. Lopez?  
 18 (Indicated by hand.)  
 19 MS. VAUGHT: Dr. Orris? I see him there.  
 20 Dr. Orris?  
 21 (Indicated by hand.)  
 22 MS. VAUGHT: Karen Phelan?  
 23 (Indicated by hand.)  
 24 MS. VAUGHT: Dr. Sahloul?

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1 (No response.)  
 2 MS. VAUGHT: Dr. Schnack?  
 3 DR. SCHNACK: Here.  
 4 MS. VAUGHT: Babette Sanders?  
 5 (Indicated by hand.)  
 6 MS. VAUGHT: Dr. Vega?  
 7 (No response.)  
 8 MS. VAUGHT: Who else is on the phone line?  
 9 MS. FIORINI: Hi. Beth from Whiteside  
 10 County, Fiorini.  
 11 DR. BASU: Hi. It is Dr. Pat Basu.  
 12 DR. SCHNACK: Dr. Schnack.  
 13 MS. VAUGHT: Okay. There are -- okay.  
 14 There is ten members present, so we have a quorum.  
 15 So the meeting is called to order at 11:05 a.m.  
 16 CHAIRPERSON: And Director, if you would  
 17 like to make some comments.  
 18 DIRECTOR SHAH: Thank you. Thank you,  
 19 Laura, for convening us here. I just want to take  
 20 a minute to say hello and welcome everyone to the  
 21 board meeting here today. I had a chance to take a  
 22 look at the agenda the other -- after Laura sent it  
 23 the other day. So I know that you have much to  
 24 discuss, but I wanted to stop by and say hello. I

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1 will probably sit in as a silent observer for the  
 2 next 15 or 20 minutes or so until my next meeting.  
 3 So again, I just wanted to say hello and  
 4 welcome, everyone, and I look forward to listening  
 5 to the discussion and deliberations today.  
 6 CHAIRPERSON: Thank you very much. And,  
 7 again, for those on the phone, this is Caroline  
 8 Lopez, and I am chairing the meeting in Dr.  
 9 Orgain's absence.  
 10 MS. VAUGHT: Dr. Lopez, this is Laura. I  
 11 forgot to add, before you speak, if you could just  
 12 say your name for the court reporter so she can  
 13 identify who you are. Thank you.  
 14 CHAIRPERSON: I appreciate that reminder for  
 15 everybody. I am going to ask the committee if you  
 16 would object to moving agenda number VIII up. Dr.  
 17 Orris, who is needing to give that presentation,  
 18 has a conflict and has requested moving that agenda  
 19 item up. Is there any objection to doing so?  
 20 (No response.)  
 21 MS. VAUGHT: No.  
 22 CHAIRPERSON: Seeing none, seeing none, we  
 23 will move, then, to agenda item number VIII, a  
 24 report of the Rules Committee. Dr. Orris?

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1 DR. ORRIS: Thank you very much. I  
 2 apologize to the committee. I have a call and I  
 3 will be back, but I'm bringing you the report of  
 4 the Rules Committee today.  
 5 We met a couple weeks ago, and I am still  
 6 channeling Reverend McCurdy because we still have  
 7 not heard whether he is being reappointed or not,  
 8 though we anxiously await his return.  
 9 So the first item is the Adverse Event --  
 10 all of these are recommended to you for passage and  
 11 for forwarding to the Department by the Rules  
 12 Committee. There are four of them today.  
 13 The first, Adverse Health Care Event  
 14 Reporting Code. This is 77 Illinois Administrative  
 15 Code 235. Is there somebody who wants to give us a  
 16 background on this?  
 17 MS. DRISCOLL: Sure, sure. I will start.  
 18 This is Barbara Fischer whom some of you know.  
 19 Barbara is our section chief for Public Reporting  
 20 and Transparency.  
 21 CHAIRPERSON: Could you identify yourself?  
 22 MS. DRISCOLL: I am sorry. I am Mary  
 23 Driscoll. I'm the Division Chief for Patient  
 24 Safety and Quality.

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1 So we ask for a rule change to the 2005  
 2 Adverse Event Reporting Act because last spring an  
 3 amendment to that law was passed allowing us to  
 4 collect fees from, licensing fees from hospitals  
 5 based on bed size, and that those fees would go to  
 6 this division, the Division of Patient Safety and  
 7 Quality, some of them would go here to implement  
 8 this Adverse Event Reporting Act.  
 9 So along with that, we knew that, you know,  
 10 a lot has changed since 2005 and now, and many of  
 11 the old adverse event reporting conditions that  
 12 were in the original law have been updated,  
 13 eliminated and some new ones added. So we wanted  
 14 to be in sync with the new National Quality Forum  
 15 guidelines which is where all of the states that  
 16 are doing this kind of reporting take their adverse  
 17 events from.  
 18 So this law is primarily changing the old  
 19 events from the National Quality Forum and updating  
 20 them with the new events from the National Quality  
 21 Forum and the new language in the National Quality  
 22 Forum. So that is simply what it is.  
 23 And at the rules committee there was some  
 24 changes that the Board of Health made, some minor

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1 changes in language, et cetera, and we incorporated  
 2 those. So I think it is pretty good to go.  
 3 CHAIRPERSON: Comments or questions?  
 4 DR. SANDERS: This is Babette Sanders. I  
 5 just have some questions for my own education. In  
 6 this section or subchapter of the law, it pertains  
 7 only to individuals who are affiliated with  
 8 hospitals or health care systems, correct?  
 9 MS. DRISCOLL: This law refers to hospitals  
 10 and to ambulatory surgery facilities.  
 11 DR. SANDERS: So what happens in the event  
 12 of an adverse incident for an individual who is not  
 13 necessarily -- who is a licensed provider but not  
 14 affiliated to a hospital or a system?  
 15 MS. DRISCOLL: You mean if --  
 16 DR. SANDERS: Somebody has an adverse effect  
 17 that meets the criteria.  
 18 MS. DRISCOLL: The patient has an adverse  
 19 event.  
 20 DR. SANDERS: Adverse event, right, that  
 21 meets the stated criteria for reporting, but they  
 22 are in independent practice and not necessarily a  
 23 part of a health care system or ambulatory system.  
 24 MS. DRISCOLL: If you are practicing in a

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1 hospital and you are involved in an adverse event,  
 2 it must be reported. If you are practicing in a  
 3 long-term care facility, our law does not state  
 4 that you have to report.  
 5 DR. SANDERS: Or somebody in independent  
 6 practice?  
 7 MS. DRISCOLL: Well, what do you mean  
 8 independent?  
 9 Like it depends where you are. If you are  
 10 in an independent practice but in a hospital it  
 11 would still have to be reported.  
 12 DR. SANDERS: Right, but if you are  
 13 independent practice, a solo practitioner.  
 14 So I will give an example of a physical  
 15 therapist who might be in a private practice  
 16 separate and independent from an established health  
 17 care system.  
 18 If I was that person and something happened  
 19 in my practice, do I need to report it?  
 20 MS. DRISCOLL: Not unless it happened in a  
 21 hospital or in an ambulatory surgery --  
 22 DR. SANDERS: Okay. And the same is true if  
 23 it was an unlicensed provider; they do not need to  
 24 report it?

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1 MS. DRISCOLL: If it is an unlicensed  
 2 provider and they are not in a hospital or in  
 3 ambulatory surgery when the event occurs, no, you  
 4 do not need to report it. The law is specific to  
 5 facilities, not practitioner specific. It is based  
 6 on what happens in these facilities, and however  
 7 they happen in these facilities, it must be  
 8 reported.  
 9 DR. SANDERS: Okay. Thank you.  
 10 CHAIRPERSON: Other comments or questions?  
 11 Anyone on the phone that would like to ask  
 12 something?  
 13 Hearing none -- sorry. Was that a comment?  
 14 UNIDENTIFIED: No, I was just saying I'm  
 15 good. Thank you.  
 16 CHAIRPERSON: Okay. Thank you.  
 17 If there is no further discussion, the next  
 18 one --  
 19 DR. ORRIS: So all in favor -- do you take  
 20 the vote or do I?  
 21 CHAIRPERSON: Well, all those in favor of  
 22 accepting and approving the Adverse Event --  
 23 (Ayes heard.)  
 24 DR. ORRIS: Thank you.

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1 CHAIRPERSON: Well, is there anybody  
 2 opposed?  
 3 (No response.)  
 4 CHAIRPERSON: Is there anybody abstaining?  
 5 (No response.)  
 6 DR. ORRIS: No reason why --  
 7 CHAIRPERSON: Well, it is important because  
 8 it was --  
 9 DR. ORRIS: Absolutely.  
 10 So the second is 77 Illinois Administrative  
 11 Code 465, Certification and Operation of  
 12 Environmental Laboratories.  
 13 I neglected to say before the prior one that  
 14 you have all received these by email or in the mail  
 15 prior to the meeting.  
 16 This, too, is recommended by the Rules  
 17 Committee for sending onto the Department, and is  
 18 there anyone here to give us the background on this  
 19 one?  
 20 MR. JOHNSON: Yes, this is Bernard Johnson.  
 21 I'm the Director for the Division of Laboratories  
 22 and Public Health.  
 23 The Department of Public Health is  
 24 responsible under the US Environmental Protection

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1 Agency for inspecting and certifying private and  
 2 governmental laboratories that do drinking water  
 3 testing for bacteria.  
 4 CHAIRPERSON: We just lost the connection.  
 5 MR. DART: Sorry. I pushed the wrong  
 6 button.  
 7 MR. JOHNSON: I will start from the very  
 8 beginning.  
 9 MS. VAUGHT: Very beginning.  
 10 MR. JOHNSON: This is Bernard Johnson. I am  
 11 Division Chief for the Division of Laboratories in  
 12 the Office of Health Protection for the Department.  
 13 Under the United States Environmental  
 14 Protection Agency Clean Water Act, the Department  
 15 of Public Health is responsible for inspecting and  
 16 certifying private and governmental laboratories  
 17 that perform drinking water testing for bacteria.  
 18 Last year we updated this rule to meet some  
 19 requirements and changes in the Federal Code,  
 20 Register for the Environmental Protection Agency.  
 21 Since then there have been two changes, and these  
 22 changes are to bring those in line with those.  
 23 The first is to add a new method. It is  
 24 called the TECTA, T-E-C-T-A. It is out of Canada.

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1 This is for testing for bacteria in drinking water.  
 2 The second is to provide a new set of  
 3 vendors for the private laboratory, the government  
 4 laboratories out there. They are required to  
 5 purchase blind samples called proficiency tests and  
 6 then show they can get the correct answer.  
 7 We had one set of vendors that were  
 8 available under an organization referred to as  
 9 A2LA, American Association for Laboratory  
 10 Accreditation. A new vendor has been added by the  
 11 -- it is called the TNI, NELAC Institute, which is  
 12 the National Environmental Laboratory Accreditation  
 13 Committee. It is a USEPA sponsored group that  
 14 monitors standards for environmental laboratories.  
 15 So those are the two changes other than some  
 16 changes in punctuation and decimal points, so  
 17 forth. Any questions?  
 18 DR. ORRIS: Thank you.  
 19 CHAIRPERSON: Any discussion from the Board?  
 20 MS. PHELAN: I have one comment. Karen  
 21 Phelan. I have one comment. It is just on page 5.  
 22 If you can take a look at it, it is in regard to --  
 23 it corresponds with the minutes of the meeting. If  
 24 you could just take a look again at the city comma

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1 versus state throughout the document, that would be  
 2 great.  
 3 MR. JOHNSON: Okay. Thank you.  
 4 MS. PHELAN: Thank you.  
 5 CHAIRPERSON: Other comments or questions?  
 6 (No response.)  
 7 CHAIRPERSON: Is there anyone on the phone  
 8 who would like to make a comment?  
 9 (No response.)  
 10 CHAIRPERSON: Seeing none, is there further  
 11 discussion at all?  
 12 (No response.)  
 13 CHAIRPERSON: Seeing none, all those in  
 14 favor please say aye.  
 15 (Ayes heard.)  
 16 CHAIRPERSON: Any opposed, please say nay.  
 17 (No response.)  
 18 CHAIRPERSON: Any abstentions?  
 19 (No response.)  
 20 CHAIRPERSON: Thank you very much.  
 21 MR. ORRIS: So number -- C, number 3, 77  
 22 Illinois Administrative Code 750, Food Service  
 23 Sanitation Code. This, too, was discussed at the  
 24 committee, some suggestions made, and we recommend

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1 that this be transmitted to the Department as a  
 2 whole, and is there someone here to give us  
 3 background on this?  
 4 MS. LAMB: Yes, Molly Lamb, Division Chief  
 5 for the Division of Food, Drugs and Dairies. I'm  
 6 also joined here by Pat Welch who is our Approved  
 7 Food Program Section Chief.  
 8 So the intent of this rulemaking is to adopt  
 9 the FDA, the United States Food and Drug  
 10 Administration's Food Code 2013 version which is  
 11 the latest version of the FDA Food Code.  
 12 We worked through our food safety advisory  
 13 committee and the retail food work group underneath  
 14 with our stakeholders across the state, our local  
 15 health departments and industry, both, both the  
 16 corporate industry partners and those associations  
 17 that represent holistically all restaurants and  
 18 food service establishments across the state to, to  
 19 work through this current rulemaking as you see the  
 20 version in front of you.  
 21 The huge importance and significance, it  
 22 will allow us increased standardization, really  
 23 standardization and uniformity across the State of  
 24 Illinois for our inspection of our food service

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1 establishments as we delegate authority to our  
 2 local health departments.  
 3 We have incorporated changes made and  
 4 requested or recommended by the Rules Committee,  
 5 and those have been done, and that's the version  
 6 that you see in front of you.  
 7 CHAIRPERSON: Are there any comments or  
 8 questions from the Board or discussion?  
 9 MS. PHELAN: Karen Phelan. I have one  
 10 comment. Based on the fact that we had an  
 11 extensive committee meeting, I thought it important  
 12 to say this. Let me thank you for indulging me  
 13 during the committee meeting. Very often when we  
 14 are reading an entire rule which is quite long and  
 15 one that has come back to us every few years, it  
 16 allows us the opportunity to see inconsistencies  
 17 within the rule.  
 18 It is obvious over the years so many changes  
 19 have been made to our rules and at the same time  
 20 reviewing a new rule presented to us allows us to  
 21 apply changes we have recently made to correct  
 22 other state rules so we can, of course, begin a new  
 23 consistency within all of our rules. So thank you  
 24 for taking the time to clean up these rules.

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1 MS. LAMB: Thank you.  
 2 DR. ORRIS: Associate all members of the  
 3 committee with those comments as well. Thank you.  
 4 MS. LAMB: Thanks.  
 5 CHAIRPERSON: Are there other comments or  
 6 questions from board members?  
 7 (No response.)  
 8 CHAIRPERSON: Is there anyone on the phone  
 9 who would like to make a comment or have a  
 10 question?  
 11 (No response.)  
 12 CHAIRPERSON: Without further discussion, I  
 13 will call for the vote. All those in favor please  
 14 say aye.  
 15 (Ayes heard.)  
 16 CHAIRPERSON: Any opposed, please say nay.  
 17 (No response.)  
 18 CHAIRPERSON: Any abstentions?  
 19 (No response.)  
 20 CHAIRPERSON: Thank you. It passed  
 21 unanimously. Next item?  
 22 DR. ORRIS: So the final number D here, 77  
 23 Illinois Administrative Code 500, the Vital Records  
 24 Code, is another quite extensive and long-term

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1 regulation of the Department, and these are  
 2 amendments to this absolutely vital regulation of  
 3 the Department. So is there someone -- we  
 4 recommend this to the Board for transmission to the  
 5 Department as a whole.  
 6 So is someone here to tell us the background  
 7 on the changes?  
 8 MR. AIELLO: Yes, my name is Joe Aiello.  
 9 I'm Division Chief for Vital Records, and with me  
 10 from professional staff is Charissa Norton and Dan  
 11 Phippen and of course our most valuable player,  
 12 Jonathan Gunn, our attorney, legal counsel.  
 13 But we obviously do a lot of things in Vital  
 14 Records. We certify birth, death and marriage  
 15 records, we update records out of a variety of  
 16 changes that are requested of us.  
 17 With regard to this document, the changes  
 18 are matching legislative initiatives along with --  
 19 and I would say probably the bigger ones are organ  
 20 donation, civil unions and the Marriage Act.  
 21 There is some minor things like language change,  
 22 making sure the languages match each other. We  
 23 talk about using a certain color of ink pen or US  
 24 versus united States.

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1 So it's been a long time since this code has  
 2 been updated. I think that's probably why ours is  
 3 somewhat extensive.  
 4 DR. ORRIS: Thank you.  
 5 CHAIRPERSON: Comments or questions?  
 6 Comments or questions from the Board?  
 7 (No response.)  
 8 CHAIRPERSON: Is there anyone on the phone  
 9 who wishes to make a comment or ask a question?  
 10 (No response.)  
 11 CHAIRPERSON: Hearing none, we will move to  
 12 approve. All those in favor by moving this along,  
 13 please say aye.  
 14 (Ayes heard.)  
 15 CHAIRPERSON: Any opposed? Any opposed?  
 16 (No response.)  
 17 CHAIRPERSON: Any abstentions?  
 18 (No response.)  
 19 CHAIRPERSON: Again, this has passed  
 20 unanimously.  
 21 DR. ORRIS: Thank you, Chair and the Board  
 22 and thanks to the committee members, especially  
 23 Karen Phelan who is doing double time both  
 24 committees.

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1 Thank you greatly.  
 2 UNIDENTIFIED: While Dr. Shah is here --  
 3 CHAIRPERSON: You need to identify yourself.  
 4 DR. PERSKY: I am sorry. Vicky Persky,  
 5 Victoria Persky. My understanding is Dr. Shah will  
 6 be leaving shortly, and I wondered what happened  
 7 with the --  
 8 CHAIRPERSON: Okay. We seem to be running  
 9 well with time. Does the committee have any  
 10 objection to just proceeding with asking for  
 11 follow-up on the milk issue?  
 12 (No response.)  
 13 CHAIRPERSON: I do not see any objection.  
 14 So Dr. Shah, would you like to --  
 15 DIRECTOR SHAH: Sure. I would be delighted.  
 16 Thank you. There are a number of things going on,  
 17 on the raw milk front. We are fortunate to have  
 18 literally the right people in the room to make sure  
 19 that I get all of the facts right.  
 20 So the second generation of the rule is  
 21 hopefully going to JCAR, I believe the submission  
 22 deadline is June 18th. The rules are currently  
 23 with the Governor's office right now awaiting  
 24 discussion and analysis by the Governor's office.

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1 We prepared a very, very short memorandum to the  
 2 Governor to explain what we're doing, what is going  
 3 on, and why, why it is that we decided to go in  
 4 this direction.  
 5 So once we receive some degree of sign-off  
 6 from the Governor, the rules will then be sent over  
 7 for JCAR, to JCAR.  
 8 Molly, am I right June 18th is the date?  
 9 MS. LAMB: Is it June 18, Elizabeth? It is  
 10 in the next month we will be filing for second  
 11 notice or, you know, if we receive that. So I  
 12 don't -- do you know if June 18th?  
 13 MS. PAYTON: It is not June 18th. Elizabeth  
 14 Payton. June 18th is not a hard deadline, but  
 15 sometime before the end of the month we will be  
 16 hopefully filing the documents for second notice  
 17 with JCAR in hopes of making the July agenda.  
 18 DR. PERSKY: It looks more or less the way  
 19 we saw it?  
 20 DIRECTOR SHAH: We have made -- I think we  
 21 have made a fair number of changes at my direction  
 22 to take a somewhat lighter regulatory approach,  
 23 so --  
 24 DR. PERSKY: What are the big changes?

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1 DIRECTOR SHAH: Gosh, we have -- what would  
 2 be the biggest sets of changes?  
 3 We have changed some of the Coliform counts,  
 4 the somatic cell counts. Let's see here, where  
 5 else have we made significant changes? We have  
 6 overall opted to take a somewhat lighter or less  
 7 restrictive approach to the sale of raw milk. We  
 8 have not required as stringent of record keeping.  
 9 We have not required frozen samples to be  
 10 maintained.  
 11 Molly and Elizabeth, feel free to jump in  
 12 here as well.  
 13 MS. LAMB: Reduce signage from two signs to  
 14 one sign at the point of sale, we combined the  
 15 point of sale. Oh, yes, the addition of the zoning  
 16 requirement from tier 2 was eliminated. Those are  
 17 really --  
 18 DIRECTOR SHAH: It's been a couple of months  
 19 since we got into it, but those are the, those are  
 20 some of the major changes.  
 21 DR. PERSKY: Are we supposed to see that  
 22 back here?  
 23 CHAIRPERSON: I don't believe so. I think  
 24 we, as an advisory board, we gave our input and

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1 structured things, then moved it on for further  
 2 processing.  
 3 MS. PHELAN: Karen Phelan. For light  
 4 reading, can we have Laura just send us a copy of  
 5 the revisions and we can see the changes?  
 6 DIRECTOR SHAH: Elizabeth, are there any  
 7 restrictions to sending out the revised version?  
 8 MS. PAYTON: No, when we file the second  
 9 notice documents we can file -- we will file a copy  
 10 with the Board at that point in time.  
 11 MS. LAMB: This is Molly Lamb. It probably  
 12 should be -- it is significant to probably note  
 13 that the changes that were made did align with  
 14 public comments received in the first comment  
 15 period as well as you can only make changes  
 16 connected to a public comment.  
 17 MS. PHELAN: Thank you.  
 18 DIRECTOR SHAH: Absolutely. Many of these  
 19 changes were initiated at my direction. Actually  
 20 all of them were initiated at my direction to be  
 21 clear.  
 22 CHAIRPERSON: Any other questions for Dr.  
 23 Shah on this topic? Yes. Give your name.  
 24 DR. SANDERS: Sorry. Babette Sanders. So

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<p>1 this was an issue that we had spent quite a bit of 2 time working on, and so I understand that we are 3 advisory to the Department and we have made our 4 recommendation, but I'm just wondering from a 5 communication point of view, had Dr. Persky not 6 asked the question, we probably would not have been 7 aware of the changes which, in some cases, may have 8 been very different than the recommendations we 9 made. 10 DIRECTOR SHAH: Uh-huh. 11 MS. SANDERS: So I'm just wondering as an 12 advisory board how we would best know of those 13 changes and, in addition, if, as individuals, we 14 wanted to respond to those, is there an opportunity 15 to respond as an individual or to ask that at some 16 point it be placed back on our agenda? I'm just 17 asking from a process point of view. 18 CHAIRPERSON: Well, I think it has to go 19 through -- I think the question about how the Board 20 would be informed about these changes is a good 21 one. 22 I don't know there is any established 23 procedure for doing that because it has went 24 through a public comment period, then it has to be</p>	<p>1 MS. LAMB: That's correct. So it remained a 2 two-tier level system, tier 1 and tier 2, just 3 elimination of the zoning. But again, not to 4 exemption and prohibition to food service 5 establishment sales retail. 6 DIRECTOR SHAH: So no sales at any retail 7 establishments, no sales at farmers markets as of 8 right now, although I'm very interested in looking 9 at the data and in a couple months revisiting that 10 prohibition on sale and wondering whether it makes 11 any -- whether it serves any function. From a 12 regulatory theory standpoint it is -- I will be 13 curious to see how the data comes in. 14 CHAIRPERSON: Any other comments or 15 questions? Yes. 16 DR. HERRMANN: This is Jack Herrmann. I 17 trust that Molly's group and I see Pat is sitting 18 there as well and Dr. Shah have proceeded with due 19 diligence, but I really am concerned about some of 20 what I hear are possible changes, especially the 21 frozen milk sample, the retention of frozen milk 22 samples for a period of time, I think we said 14 23 days or something in the initial policy. 24 I would just like to caution the Department</p>
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<p>1 posted again, and there is a process for that. I 2 don't know there is any particular thing for 3 specifically going back to the Board on a specific 4 issue, and I don't know that there necessarily 5 needs to be. I think these things tend to be ad 6 hoc. 7 I agree with you we had spent quite a bit of 8 time and energy on that particular topic, so I 9 think the interest on this is significant. I think 10 the Department has heard that we would like to have 11 available to us those changes that are made, and 12 that's reasonable, and I'm hearing that that will 13 be possible at the appropriate juncture. I don't 14 know if there is anything else at this point that 15 we would have to move forward with. 16 DR. PERSKY: Can I ask one other 17 clarification, Dr. Shah? 18 Did you change the places where the milk -- 19 it sounds like you changed -- 20 DIRECTOR SHAH: Yes, it's been several 21 months since we looked at this. Molly, I don't -- 22 the location of point of sale, I think, remain as 23 they had previously been, but we did remove the 24 zoning distinction for tier 2; is that right?</p>	<p>1 to being really sure that you have not compromised 2 the ability of public health to follow up with 3 food-borne outbreaks. That was, to me, so critical 4 as an expert, somebody who has spent an entire 5 career in the dairy industry. We really need to 6 have samples so we can trace back. We can't, we 7 can't do a good case control study unless we have 8 samples, and I trust that you have considered that. 9 I just wanted to make sure that that's on the 10 record. 11 CHAIRPERSON: Any other comments or 12 questions? Is there anyone on the phone that would 13 like to make any comments or questions on this 14 issue? 15 DR. PERSKY: Vicky Persky. What was the 16 mention of the -- 17 DIRECTOR SHAH: Molly, make sure I get this 18 right. There are, there are still samples being 19 retained. 20 MS. LAMB: Correct. 21 DIRECTOR SHAH: So in the event of an 22 outbreak we still would have access and would still 23 be -- we would not hamstring our ability to conduct 24 epidemiologic analysis or contact tracing.</p>

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1 But the frozen aspect, it was not clear what  
 2 the utility was in light of what the burden is on  
 3 producers. Many states do not have the frozen  
 4 requirement, so I didn't feel like it was  
 5 necessary.  
 6 CHAIRPERSON: Other comments or questions  
 7 from anyone on the phone?  
 8 MS. FIORINI: This is Beth from public  
 9 health and local administrators. Let me clarify, I  
 10 know that we have worked on this issue for a long  
 11 time, and I know there is a lot of public health  
 12 administrators who still believe strongly that we  
 13 need more regulation, but I think we have gotten to  
 14 the point of agreeing to disagree and move on.  
 15 That's all.  
 16 CHAIRPERSON: I appreciate the comment. Is  
 17 there anything else on this issue?  
 18 (No response.)  
 19 CHAIRPERSON: Seeing none, thank you very  
 20 much, and thank you for the ad hoc discussion that  
 21 we had.  
 22 DIRECTOR SHAH: My pleasure.  
 23 CHAIRPERSON: It was an important topic, and  
 24 we very much appreciate the information that was

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1 shared.  
 2 DIRECTOR SHAH: My pleasure.  
 3 CHAIRPERSON: Let's move back to the agenda  
 4 then, and let's go to agenda item number III which  
 5 is approval of the May 14 Rules Committee Summary,  
 6 Rules Meeting Summary. Peter Orris is not here,  
 7 but is there any questions?  
 8 MS. PHELAN: Karen Phelan. I have one  
 9 comment, please.  
 10 I would like to make an addition to the  
 11 first rule that's noted. It is bullet number 5,  
 12 page 11 where it say quote A needs to be added in  
 13 health care setting. It is page 11, 5 A. Thank  
 14 you.  
 15 CHAIRPERSON: Any other comments or  
 16 questions on the summary, Rules Meeting Summary?  
 17 (No response.)  
 18 CHAIRPERSON: Is there anyone on the phone  
 19 who would like to make a comment, who has a  
 20 comment, would like to ask a question?  
 21 (No response.)  
 22 CHAIRPERSON: Hearing none, we will move to  
 23 a vote. All those in favor of approving those, the  
 24 Meeting Summary for the Rules Committee, please say

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1 aye.  
 2 (Ayes heard.)  
 3 CHAIRPERSON: Any opposed? Any opposed,  
 4 please say nay.  
 5 (No response.)  
 6 CHAIRPERSON: Any abstentions?  
 7 (No response.)  
 8 CHAIRPERSON: It passed unanimously.  
 9 The next agenda item is approval of the  
 10 December 18, 2014 meeting minutes for the Board of  
 11 Health. Is there any discussion or comments,  
 12 questions?  
 13 (No response.)  
 14 CHAIRPERSON: Seeing none, is there anyone  
 15 on the phone who has a comment or wishes to ask a  
 16 question on that summary, on those minutes?  
 17 (No response.)  
 18 CHAIRPERSON: Hearing none, all those in  
 19 favor of approving the minutes of December 18, 2014  
 20 please say aye.  
 21 Was there a question?  
 22 DR. HERRMANN: Just one real quick comment.  
 23 This is Jack Herrmann. There is a number of typos  
 24 on that, on that meeting summary. So if you want

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1 to correct those.  
 2 CHAIRPERSON: Okay. So with the request to  
 3 review again for typographical errors, is there  
 4 objection to -- all those in favor of approving the  
 5 minutes anticipating correction of typos, please  
 6 say aye.  
 7 (Ayes heard.)  
 8 CHAIRPERSON: Any opposed? Any opposed  
 9 please say no.  
 10 (No response.)  
 11 CHAIRPERSON: Any abstentions?  
 12 (No response.)  
 13 CHAIRPERSON: Okay. This is passed, then.  
 14 The next agenda item I'm going to ask for a  
 15 correction in how it looks on the agenda because  
 16 the agenda states that this was for the approval of  
 17 minutes for the meeting of March 18th. The summary  
 18 correctly listed is a meeting of March 19th, and I  
 19 just want to note that the agenda has that error on  
 20 it.  
 21 But aside from that, we are now discussing  
 22 the meeting of March 19th of the Board. Are there  
 23 any comments, corrections, additions, deletions?  
 24 (No response.)

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1 CHAIRPERSON: Seeing none, is there anyone  
 2 on the phone who would like to make any comments or  
 3 have any questions on this?  
 4 (No response.)  
 5 CHAIRPERSON: Hearing none, all in favor of  
 6 approving the minutes of March 19th, please say  
 7 aye.  
 8 (Ayes heard.)  
 9 CHAIRPERSON: Any opposed, please say no.  
 10 (No response.)  
 11 CHAIRPERSON: Any abstentions?  
 12 (No response.)  
 13 CHAIRPERSON: Thank you very much. This is  
 14 passed.  
 15 And we will move, then, to the next agenda  
 16 item. We are open for public comment.  
 17 Is there anyone here who would -- no one has  
 18 registered for public comment?  
 19 MS. VAUGHT: This is Laura. No one has  
 20 registered for any public comments.  
 21 CHAIRPERSON: Thank you very much. We will  
 22 then move to the Policy Committee Report.  
 23 MS. PHELAN: Karen Phelan. On behalf of the  
 24 Policy Committee, we wish to express our sincere

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1 gratitude to Bob Morgan who was instrumental in  
 2 guiding us through the medical cannabis program.  
 3 We wish Bob all the best in his future endeavors.  
 4 We welcome Joseph Wright. We look forward to  
 5 working with him.  
 6 I did read a quote which Bob Morgan released  
 7 via text. "While I will be moving into private  
 8 legal practice, I plan to continue advocating for  
 9 Illinois patients with debilitating medical  
 10 conditions. We have confidence in the long-term  
 11 success of the pilot program."  
 12 This leads me to another update. Our very  
 13 own Reverend David McCurdy, former co-chair of the  
 14 State Board, has been appointed to the Medical  
 15 Cannabis Advisory Board, and on May 4 at a public  
 16 hearing, their schedule included discussions of  
 17 petitions for the addition of debilitating  
 18 conditions and 14 additional conditions were  
 19 reviewed at that time.  
 20 I don't believe you know the status of our  
 21 expired members, but on behalf of the policy  
 22 committee we are grateful to Reverend McCurdy's  
 23 many years of service to the State Board, and we  
 24 wish Reverend McCurdy all the best. I hope our

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1 paths cross again very soon. Perhaps today we  
 2 might get an update on the medical cannabis  
 3 program.  
 4 I'm not sure about that, but now we will  
 5 move to Leticia Reyes to give us an update on the  
 6 SHIP implementation.  
 7 MS. REYES: Thank you. So we are -- so just  
 8 as a reminder, I think I mentioned this in the  
 9 previous meeting, our State Health Improvement Plan  
 10 Implementation Coordination Council is a  
 11 governor-appointed body. That body -- the folks  
 12 who are on the committee before, their terms were  
 13 concluded at the beginning of the year, and with  
 14 the transition we have a new group of people who  
 15 are, who are going to be appointed to that body.  
 16 That group we are working with finalizing  
 17 the appointments for that body. So we don't have  
 18 an official announcement yet of all the names  
 19 because we are pulling in all of the paperwork, but  
 20 the first meeting of that group will be a webinar,  
 21 and it is going to be on Monday, June 15th, and it  
 22 is an open meeting, and everyone is welcome to  
 23 attend that meeting and the public -- it is posted  
 24 now online.

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1 It will be from 2:30 to 3:30 on Monday, and  
 2 it really is meant to be an orientation webinar of  
 3 the new members and to prep them for their first  
 4 in-person meeting which will be Monday, June 29th  
 5 in Springfield, from 1 p.m. to 4:30 p.m.  
 6 So we have been working diligently in  
 7 working with the Governor's office on, you know,  
 8 identifying the appointments, but also we've also  
 9 been working on producing the state health  
 10 assessment.  
 11 So we have not been -- although we are just  
 12 appointing the council now, we have been working  
 13 for several months to pull together the state  
 14 health assessment.  
 15 As you know in statute we are, we are  
 16 required to produce a state health assessment and a  
 17 state health improvement plan. So we're working  
 18 diligently to pull together a data presentation  
 19 that will pull together our leading causes of death  
 20 and other indicators, and our intent is to actually  
 21 pull that PowerPoint together and do that data  
 22 presentation and have that data presentation  
 23 available for partners around the state who are  
 24 interested in having that data presentation.

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1 We're really looking to have engagement  
 2 early on in this process and really to have a  
 3 robust feedback structure for the state health  
 4 assessment.  
 5 So what we plan to do is make available for  
 6 folks to invite us to present the data, the state  
 7 data presentation. So we will have an opportunity  
 8 for organizations and community groups, anyone who  
 9 is interested in hearing the data presentation, and  
 10 we will have a tool for collecting information back  
 11 from all of those session.  
 12 So what we will do is have a survey tool so  
 13 that people can actually give us information that  
 14 will feed into that state health assessment  
 15 process. So we don't want to leave any opportunity  
 16 for that engagement -- we want to have that  
 17 opportunity for engagement at all levels of the  
 18 process.  
 19 What we would like -- we have not -- we can  
 20 do this many ways. We do have time set aside where  
 21 if the Board as a whole would like to do a webinar  
 22 just for board members, it would be an open  
 23 meeting, but you would have to, you know, request  
 24 that meeting. We do have a time and date that we

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1 are available to do that webinar especially for  
 2 board members. We thought that that would be a  
 3 good opportunity because it would allow you to give  
 4 us some feedback on the process, but, again, you  
 5 can also use the -- you know, you can attend the  
 6 council meeting on Monday.  
 7 We were offering that we can either do a  
 8 presentation on June 25th from 10 a.m. to 11. We  
 9 can do a webinar special for board members. We  
 10 also are offering if -- we can also do that  
 11 presentation at the policy committee meeting, and  
 12 members can join the policy committee meeting. We  
 13 can do both, we can one or the other, whatever you  
 14 would like. We have time allotted and time set  
 15 aside.  
 16 Really it is to kind of walk through where  
 17 we are, what is the process, what are we doing, how  
 18 are we doing it and to orientate folks to the  
 19 process and get some feedback. So it is a similar  
 20 presentation that we are doing for our staff. We  
 21 are actually doing a staff webinar today, and then  
 22 we will be doing the SHIP Council webinar on  
 23 Monday.  
 24 So we really want to have this robust kind

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1 of engagement just to talk about the process, and  
 2 then the next step will be to talk about the state  
 3 health assessment.  
 4 So we have these opportunities for the that  
 5 presentation. So I'm open to hearing if anybody  
 6 has any questions or feedback on our offer to  
 7 provide this webinar.  
 8 MS. PHELAN: Thank you, Leticia. How do you  
 9 wish to proceed to determine the date to expose  
 10 this to the Board?  
 11 CHAIRPERSON: Why don't we have some  
 12 discussion now to see what might work best for  
 13 people recognizing that not everybody is present at  
 14 this meeting, but oh well. You know, you do what  
 15 you can. Yes, please.  
 16 DR. SANDERS: Babette Sanders. I would  
 17 appreciate it being part of the policy meeting  
 18 since at least some of us already have that time  
 19 set aside on our calendar.  
 20 MS. PHELAN: Karen Phelan. Laura, do you  
 21 happen to know the date of the policy --  
 22 CHAIRPERSON: July 8th.  
 23 MS. VAUGHT: July 8th.  
 24 MS. PHELAN: Thank you.

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1 MS. REYES: We wanted to offer the 25th date  
 2 because July 8th is fine, we can do July 8th, but  
 3 the first SHIP, the SHIP meeting, the SHIP Council  
 4 will have met on the 15th, and then they will  
 5 actually have their meeting on the 29th.  
 6 So we just wanted to try, you know, and make  
 7 sure. You know, it is a fine timeline to have it  
 8 on the 8th, too, but whatever you like, we are  
 9 open.  
 10 Again, you can also dial into the actual  
 11 SHIP Council meeting on Monday, you know, as a  
 12 member of the general public with that body. But  
 13 whatever you want, we want to make sure we are  
 14 offering what makes sense and what will work for  
 15 the Board.  
 16 CHAIRPERSON: Let me ask this question. I  
 17 do want to make sure we get input from folks on the  
 18 phone. Everybody's schedule is different, and what  
 19 works for some is not going to work for other  
 20 people. So what do people think of an approach  
 21 such as we make it available for, at this policy  
 22 committee, make sure that everybody is notified of  
 23 that, make sure everybody is notified about the  
 24 opportunity where it is going to be generally open

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1 including to the public.  
 2 I guess the real question is do we feel the  
 3 need to have a special session for the Board on the  
 4 25th because I'm, I'm seeing some heads shaking no,  
 5 and I can't see people on the phone. So my sense  
 6 of it and I am open. I should not say my sense  
 7 until I actually had a complete sense of it from  
 8 here from folks on the phone.  
 9 Is there any thought from folks on the  
 10 phone? I will get you -- from folks on the phone?  
 11 I will give you a second --  
 12 MS. FIORINI: This is Beth. I will make it  
 13 work whatever you guys want.  
 14 DR. BUFALINO: So if we are not going to do  
 15 25th, will we be able to attend all of these  
 16 options? I am just trying to make one in the  
 17 schedule. So, I mean, if it is a policy committee  
 18 and you are not on the policy committee --  
 19 MS. PHELAN: We invite you to join us at  
 20 that meeting.  
 21 DR. BUFALINO: Great. So will you send us  
 22 an email on dates and times and how to get on?  
 23 CHAIRPERSON: Right. So I think we will not  
 24 ask for a special review just for the Board but

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1 instead ask for notification of the already  
 2 available dates, and then I strongly encourage  
 3 folks to check their calendar and sign in for one  
 4 of these because, you know, it is an important  
 5 document for us to be not only aware but familiar  
 6 with and most importantly how it was put together.  
 7 DR. HERRMANN: This is Jack Herrmann.  
 8 Leticia, did I understand you to say there will be  
 9 some kind of presentation, maybe a PowerPoint or  
 10 something, about SHIP that would be available to  
 11 anyone?  
 12 MS. REYES: Yes. So we, just as a note, the  
 13 webinar that we have for the public with the  
 14 Council will be recorded and available afterwards,  
 15 and then we will have a PowerPoint presentation.  
 16 We are developing a data presentation on the state  
 17 health assessment that we are going to make widely  
 18 available. We are also asking for invitations to  
 19 present the data and get some engagement on that  
 20 data presentation.  
 21 So that data presentation will really be  
 22 kind of our opportunity to get out there to talk  
 23 about the state of health in Illinois, and so we're  
 24 looking for opportunities.

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1 So yes, that data presentation will be  
 2 widely available, and, in fact, we would like to go  
 3 out to folks to make that presentation or have  
 4 webinars for special groups that may want that.  
 5 DR. HERRMANN: This is Jack Herrmann again.  
 6 The reason I ask is I think, I know I would  
 7 probably find a use for it in some classes that we  
 8 teach, I suspect Peter as well, and anybody who is  
 9 teaching in public health programs probably would  
 10 find a use for that.  
 11 MS. REYES: That's great.  
 12 DR. HERRMANN: I also have an odd question,  
 13 maybe a procedural question that just occurred to  
 14 me.  
 15 Our One Health Illinois Summit is coming up  
 16 August 19th. We have a speaker from IDPH there. I  
 17 suspect a lot of you have received information,  
 18 invitations to that, to that summit in Champaign.  
 19 If a bunch of board members show up to that,  
 20 does that qualify as an open meeting?  
 21 CHAIRPERSON: Well, that is an excellent  
 22 question. I think the issue is you can't, we  
 23 can't, you know, we are -- after three or more are  
 24 present, we cannot discuss business that will come

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1 before this Board.  
 2 So I would say going to that, don't sit next  
 3 to fellow board members who might want to discuss  
 4 the presentation that you are seeing because then  
 5 we could be running afoul.  
 6 DR. HERRMANN: This is Jack Herrmann again.  
 7 Two years ago we had our last one. I think there  
 8 were probably half a dozen state board members  
 9 there. That occurred to me then and never thought  
 10 about it for the last two years.  
 11 CHAIRPERSON: The reality is we run -- we  
 12 know each other, and in some venues or others we  
 13 are going to run into each other, and maybe it will  
 14 just be two of us on a panel for a completely  
 15 different topic. Maybe there is going to be, you  
 16 know, two on a panel and three in the audience, and  
 17 afterwards we know each other so we go and greet  
 18 each other, say hello. As long as the hello  
 19 doesn't include an oh, by the way, you know that  
 20 item coming up next week at the meeting. I mean, I  
 21 think it is just a matter of being cautious of the  
 22 content of the conversation.  
 23 DR. HERRMANN: Yep. Good. Thank you.  
 24 MS. REYES: Just to the topic, Michelle, she

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<p>1 will be taking kind of a hybrid -- we are going to 2 upgrade a hybrid presentation of kind of the SHIP 3 process and a data presentation for that 4 conference. That's -- we see that as a great 5 opportunity to present that information to an 6 audience. 7 DR. HERRMANN: Great. 8 MS. FIORINI: This is Beth. Can I ask a 9 question? Beth Fiorini on the phone. 10 CHAIRPERSON: Please. Go ahead. 11 MS. FIORINI: Leticia, I don't know if Dr. 12 Shah is still there, but I was a part of the 13 meeting with the accreditation group last Thursday, 14 and that, I thought, went splendidly on that group. 15 They seemed very receptive to everything that we 16 said. 17 I'm wondering if you can -- if you have any 18 report to give back about how the visit went, the 19 timeline, anything that you can share with the 20 Board? 21 CHAIRPERSON: So -- 22 MS. REYES: I don't know. I'm not sure 23 exactly what we are allowed to share or not, but I 24 can just relate it to the SHIP.</p>	<p>1 PHAB feedback in all of our work. 2 So I can report on that, and that's what I'm 3 comfortable kind of saying. Overall it was, I 4 think, positive. 5 MS. FIORINI: Great. Thank you. 6 MS. PHELAN: Any other questions for 7 Leticia? 8 (No response.) 9 MS. PHELAN. Thank you so much. And now we 10 will have a report from Mary Driscoll, Division of 11 Patient Safety and Quality. 12 MS. DRISCOLL: Okay. So I'm Mary Driscoll, 13 Division Chief of Patient Safety and Quality, and I 14 think today I'm going to talk about two of our 15 web-based reporting tools where we highlight 16 different types of data, the hospital report card 17 and the public health data map. 18 My division collects all of the hospital 19 data, and that includes emergency department data, 20 and we are trying to figure out some really good 21 uses aside from giving it out and selling it, how 22 we can actually frame the data to put out to the 23 general public. So hence the report card which is 24 mandated by law and the public health data map</p>
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<p>1 So the SHIP was highlighted as one of our 2 strengths, so I think in large part that was 3 because of the story of, the whole story of how we 4 have gotten there, how we had the SHIP in the 5 statute and we have really, you know, kind of had 6 this guiding, you know, kind of guiding agenda, if 7 you will, for health in the state. So I can just 8 speak to that because I, of course, was happy to 9 hear that. 10 The other part is I think they are also -- 11 they have been also giving us very great feedback 12 on how to improve, and so all of that learning that 13 we have had and through that PHAB process, for me 14 as an individual, has been very informative in how 15 we design the process, and one of those key, you 16 know, improvements was to actually take a very 17 robust approach of the putting out a state health 18 assessment really and also making sure that we 19 build on creating indicators really early in the 20 process and making sure that we create a report 21 card on a yearly basis of those indicators. 22 So I will speak to that because that for me 23 in my experience with the PHAB, we are actively 24 engaging and improving our processes based on that</p>	<p>1 which is an offshoot of the report card. 2 We are going to be updating at the end of 3 June, beginning of July, and some of the highlights 4 of the update will be health care associated 5 infections, particularly Clostridium difficile and 6 MRSA which are two infections that have been 7 highlighted recently in the National Health and 8 Human Services Report because they are, either are 9 or are on the verge of becoming antibiotic 10 resistant, and antibiotic resistance is now 11 becoming a big national initiative out of the White 12 House and also for the CDC. 13 So the way that we're trending in Illinois 14 and based on the data we collect through the CDC's 15 National Health Safety Network which is 16 surveillance data, MRSA is trending slightly 17 downward, and you will see this in reality on the 18 report card very soon. Clostridium difficile, 19 however, is staying level, and it's been flat for 20 many years. 21 There was a huge rise in about 2005 or 22 something like that, and a huge rise and a trend 23 up, and then it kind of leveled off in 2010, and it 24 has not moved downward despite, you know, several</p>

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1 initiatives that we have done and initiatives by  
 2 the Illinois Hospital Association, by QIO. There  
 3 is -- C-diff remains flat, and also now it is  
 4 moving more into the general community. Again, it  
 5 is antibiotic misuse is the primary culprit there.  
 6 Okay. So that's one thing that is going to  
 7 be, I think, very interesting, and that's going to  
 8 be 2014 data. We use the most recent data that we  
 9 have.  
 10 The other two things that are really going  
 11 to be very interesting -- oh, we have one more  
 12 thing. Well, the other two things that will be  
 13 really interesting, actually there is a third  
 14 thing. I have to write it down so I don't forget  
 15 it. But we have data and mental health data that  
 16 we are going to be putting on the map, and when I  
 17 say putting it on the map, we are looking at it  
 18 more as population data.  
 19 We can look at it by county and in areas  
 20 like Cook can look at it by zip code. So we can  
 21 also look at it, which is most interesting I think  
 22 for public health in this day and age, by social  
 23 determinates because we merge it with census data.  
 24 If any of you have seen the map, you would

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1 know that, but if you have not seen it again, we  
 2 will offer to show it to anybody who wants to see  
 3 it.  
 4 So the ED visits we run through an  
 5 algorithm. We can look at it by primary care  
 6 sensitivity, and that is -- we are noticing a  
 7 little trend, and the trend is pretty much 51% of  
 8 the visits, ED visits are tied, are primary care  
 9 sensitive.  
 10 There is a huge gap between -- when you talk  
 11 about black/white gap in preterm birth and infant  
 12 mortality, now we are seeing black/white gap in ED  
 13 visits or you can say black/white gap in access to  
 14 care. We want to take that step.  
 15 DR. PERSKY: Mary, I don't quite understand.  
 16 What is primary --  
 17 MS. DRISCOLL: It means we put it through an  
 18 algorithm that either the ED visit could have been  
 19 handled, should have been handled by primary care.  
 20 DR. PERSKY: Okay.  
 21 MS. DRISCOLL: Could have been handled by  
 22 primary care, could have been handled in primary  
 23 care if they would have had primary care to handle  
 24 it or now it is emergent but it is really something

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1 that should have been taken care of at the primary  
 2 care, that type of thing. Like somebody spiking a  
 3 high blood pressure shows up in the ED, but, you  
 4 know, it is that sort of thing. There is a list of  
 5 conditions that I cannot recite to you off the top  
 6 of my head but --  
 7 DR. PERSKY: Okay.  
 8 MS. DRISCOLL: Then we are seeing the same  
 9 kind of thing in mental health admissions. We are  
 10 looking at that, mental health visits to the ED,  
 11 and if we are looking at it again in terms of  
 12 population of health, we're seeing a huge  
 13 black/white gap, and we are also seeing,  
 14 interestingly enough, uninsured. The uninsured  
 15 have a lot higher visits.  
 16 UNIDENTIFIED: Uninsured?  
 17 MS. DRISCOLL: Uninsured, right. This is,  
 18 again, we are going up to 2013 with this data.  
 19 I think Dr. Orris, the last time we talked  
 20 about the map, you said something about let's --  
 21 how are we doing in terms of after Obamacare. So  
 22 we are going to use this batch of 2012-2013 data  
 23 or --  
 24 UNIDENTIFIED: 2009 through '13.

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1 MS. DRISCOLL: We are going to use that as a  
 2 benchmark, and we are going to start looking, we  
 3 are going to keep 2014 separate for when we start,  
 4 and we can look at it in the next couple of months,  
 5 and it will be separate. We will see if we see any  
 6 changes because of the Obamacare, the ACA. It  
 7 might be too soon to tell. Probably have to look  
 8 at a couple of years before we start seeing  
 9 changes, but we really do want to do that, see if  
 10 there is any differences.  
 11 The last thing I'm going to talk about in  
 12 terms of data is we have now figured out how to  
 13 match and hash our discharge data.  
 14 In 2012 we got data. The law changed that  
 15 allowed us to collect, identify discharge data. So  
 16 we figured out how to match it and hash it, and we  
 17 are starting to look at readmission data, but we  
 18 want to look at readmissions not only by hospital  
 19 but by population. So by counties, by zip, et  
 20 cetera, see if any trends come up that way.  
 21 Our first foray into this is we're looking  
 22 at 30 primary admission of pneumonia and then any  
 23 30-day readmission or 30-day readmissions for all  
 24 causes. The reason being there is a lot of

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1 admissions for pneumonia, and then the idea is that  
 2 okay, so if someone is in the hospital for  
 3 pneumonia, what else is going on with them, and  
 4 that's why CMS is looking at this measure, too.  
 5 So admission for pneumonia and then any  
 6 30-day readmission for any cause, and we are going  
 7 to see what we come up with. Just initially we  
 8 have not really played out the data, but, of  
 9 course, we have more visits.  
 10 If we look at it by zip code, you can see  
 11 slight, slightly more in the south and west sides  
 12 of Chicago and Cook, but we're still playing with  
 13 the data.  
 14 The important thing is now that we have  
 15 learned about match and hash, we can look at those  
 16 for all kinds of things. We can look at  
 17 readmissions for any kind of heart conditions, look  
 18 at mental health readmissions, look at, you know,  
 19 all -- I mean, there is a lot of things that we can  
 20 do.  
 21 So I think I will end there, and yes, we are  
 22 giving our data to the SHIP. They will be using it  
 23 a lot, and if you have any questions, please feel  
 24 free.

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1 DR. ORRIS: Peter Orris. That's very  
 2 exciting what the capabilities are there. I'm  
 3 wondering, well, three-fold. One is could we do  
 4 our regular meetings like 15 minutes at the  
 5 beginning of the meeting, just what you are coming  
 6 up with, some of the data along with the SHIP data  
 7 that is being put together for the SHIP just to  
 8 stimulate discussion or interest, et cetera at the  
 9 beginning of the meeting? So that's one.  
 10 Number two is this -- well, have you, in the  
 11 school of public health, resolved the data  
 12 questions so that they also are going to be getting  
 13 access to this, and finally three, how simple is it  
 14 to access it? Can board members --  
 15 MS. DRISCOLL: Well, certainly -- okay. To  
 16 the school of public health question, the school of  
 17 public health, we are sharing. And yes, we do  
 18 share data, you know, child health program, Title 5  
 19 programs, school of public health is also involved  
 20 with data and their initiatives and share with  
 21 them.  
 22 In terms of a lot of the data, what I have  
 23 talked about once we update to the hospital report  
 24 card and data map, it is out there. Anyone can

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1 look at it. It is out there for consumers. We  
 2 also are able to, if you want to get that data,  
 3 there is a button on the report card and on the  
 4 data map that you can click, and data will come  
 5 down in an Excel spreadsheet for you, then, to play  
 6 around with yourself.  
 7 Of course, one thing with census data, we  
 8 also have census data that can be accessed as well,  
 9 but it is not in a pretty way that we have it on  
 10 the data map. You will have to play with it  
 11 yourself where you can get the data yourself to  
 12 make it.  
 13 DR. ORRIS: It is up on the Department's web  
 14 page?  
 15 MS. DRISCOLL: It is on the Illinois  
 16 hospital report card. It is on the department's  
 17 web page. Just click on the report card, and you  
 18 will get to that and to public health data map as  
 19 part of the report card. It will say that, yeah.  
 20 Look at it, and you can really ask questions and  
 21 give us some suggestions and things like that. We  
 22 would really like that.  
 23 CHAIRPERSON: Other comments or questions?  
 24 DR. PERSKY: Vicky Persky. We are still

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1 trying to work -- I mean -- there is -- it is still  
 2 not anything -- and what you have done, I think, on  
 3 the web is wonderful, Mary. You know, I really do  
 4 love your report card, but, you know, we still are  
 5 trying to work something that's a little smoother.  
 6 I mean, I mean we cannot lay into that data as you  
 7 know.  
 8 We do -- you know, we can when we go through  
 9 the research, a fairly extensive procedure, and we  
 10 are trying to simplify right now, but I don't think  
 11 we should assume this is quite --  
 12 MS. DRISCOLL: No, no, it is not. It is not  
 13 simple, believe me. You are U of I. It is simpler  
 14 for you than for most people.  
 15 DR. PERSKY: I think that's a problem of  
 16 sorts. I guess I would urge -- I'm saying this  
 17 knowing full well that you and Barbara and everyone  
 18 are trying very hard to make this easier. I guess  
 19 I would urge the Department to try to figure out  
 20 how to make this more accessible and get over the  
 21 hurdles to everyone, not just U of I. I know it is  
 22 better for us, and still it is difficult, I'm sure  
 23 would you agree.  
 24 CHAIRPERSON: Other comments, questions,

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1 please?

2 DR. HERRMANN: Yeah, this is Jack Herrmann.

3 Just taking it, I guess, back to Dr. Orris and Dr.

4 Persky's comments about data access, I think it was

5 four years ago that we were able to get a law

6 signed, signed by Governor Quinn that would

7 hopefully streamline, the intent was to streamline

8 academic access to aggregate the data from Illinois

9 Department of Public Health.

10 The last time I tried to access aggregate

11 data probably about two years ago, the attorneys at

12 IDPH didn't even know the law was in existence, and

13 there has been such a level of frustration, I

14 think, for so many of us working in public health

15 whether you are college of medicine, school of

16 public health, college of veterinary medicine or

17 others, any other institution.

18 I don't know what the solution is, but I was

19 able to access similar information in less than six

20 weeks from the State of Wisconsin, and it took me

21 seven months to get it from Illinois, and this is

22 an ongoing problem.

23 I don't know if this is the proper forum to

24 address this, but whenever I get a chance I bring

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1 this up and complain about it.

2 CHAIRPERSON: Other comments or questions?

3 DR. PERSKY: Again, this is Vicky Persky.

4 This is all understanding how much time you are

5 putting in to helping us. There is something wrong

6 with the system that's putting a huge burden on you

7 as well as on us, and I don't know how to get past

8 it.

9 I mean, can we -- I mean, you must have been

10 in discussions with lawyers, Mary. It seems to be

11 an issue. Is there some way we can also, I don't

12 know --

13 MS. DRISCOLL: I mean, we have certain laws

14 governing us, and, you know, there are certain laws

15 governing, especially where we are always very

16 careful about identifying data, and we don't give

17 that out unless it goes through an IRB process,

18 blah, blah, blah.

19 That, I think, is perfectly understandable

20 and small numbers also, but other than that, we,

21 you know, give data pretty readily. I mean, it

22 does have to go through our processes and signed

23 off on at the various levels that it needs to be

24 signed off on, but I think other than the

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1 identifying data and, you know, small number data,

2 we do give out --

3 DR. PERSKY: You have been wonderful, but it

4 takes you a long time. I guess I'm saying, I'm

5 saying --

6 MS. DRISCOLL: There are processes.

7 DR. PERSKY: I'm going through them now

8 again, and I know how much, I know how much time

9 you have spent. I guess I'm still urging -- and I

10 know how much time everyone has spent. There must

11 be -- I can't believe that can't be simplified.

12 Just eliminate small area. Just someone get rid of

13 the small area data.

14 MS. DRISCOLL: We do do that. We do do

15 that, but also we are trying to publish new data as

16 well that we hope is relevant, and that's why, when

17 we talk about the data that we are publishing, it

18 is good for you to go and look, at least have stuff

19 that is out there and then give us feedback about

20 what else may be relevant, you know, for us to put

21 out there so then it is publicly accessible.

22 DR. PERSKY: There has been a huge

23 improvement. That's been wonderful.

24 CHAIRPERSON: Other comments or questions on

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1 this item?

2 Does anybody on the phone wish to make a

3 comment or have a question?

4 (No response.)

5 CHAIRPERSON: Before we leave it, I guess I

6 feel compelled to raise this same question that's

7 been raised but with respect to the local

8 departments of health that also need and rely on

9 the data and are wholly accountable for carrying

10 out their own health improvement plans and yet not

11 always but in some instances rely on the state for

12 data in certain categories.

13 So I'm hoping that it is easily or as easily

14 as possibly can be accessible to the local health

15 departments.

16 MS. FIORINI: This is Beth Fiorini. Can I

17 respond also now?

18 CHAIRPERSON: Please.

19 MS. FIORINI: Yes, you are absolutely right.

20 This has been an ongoing conversation, and IDPH has

21 been showing up at our executive committees and our

22 general meetings, and they know, they understand,

23 and we have been working with IPHA. So it is on

24 our radar, and we are working on it with them. So

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1 I guess I just need to say that. It is -- you  
2 know, they get it, and we are all trying to work it  
3 through together. So thank you.  
4 CHAIRPERSON: Excellent.  
5 MS. PHELAN: Karen Phelan. Thank you, Mary.  
6 Thank you, Barbara. This concludes our report.  
7 CHAIRPERSON: Thank you very much. With  
8 that, I guess we have to take action on accepting  
9 that report.  
10 Is there any further discussion on the  
11 report?  
12 (No response.)  
13 CHAIRPERSON: We have before us, then, the  
14 approval of the Policy Committee Report. All those  
15 in favor, please say aye.  
16 (Ayes heard.)  
17 CHAIRPERSON: Any opposed, please say no.  
18 (No response.)  
19 CHAIRPERSON: Any abstentions?  
20 (No response.)  
21 CHAIRPERSON: Thank you very much. We  
22 really appreciate everyone's hard work on all of  
23 the committees.  
24 I will then move to new business, and we

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1 have a couple introductions to make.  
2 First is introducing our new board member,  
3 Dr. Vincent Bufalino. Dr. Bufalino, if you can  
4 tell or share with the Board just a little bit  
5 about yourself?  
6 DR. BUFALINO: Sure. I've been practicing  
7 cardiology for 30 years anchored in DuPage County  
8 and on the teaching faculty at Loyola, and in my  
9 day job I also am the head of cardiovascular  
10 services at Advocate Health Care. I have about 140  
11 cardiologists working for me across the city and  
12 responsibility for ten heart programs in different  
13 hospitals. And glad to be here, here to learn and  
14 hope I can make a contribution.  
15 CHAIRPERSON: Thank you very much, and  
16 welcome.  
17 DR. BUFALINO: Thank you.  
18 CHAIRPERSON: I'm going to skip to the next  
19 I know introduction of Joshua Steinberg, a new IDPH  
20 employee. Why don't you come to -- stand up there.  
21 MR. STEINBERG: Hello. My name is Josh  
22 Steinberg. Just came on board with Laura in  
23 Governmental Affairs. I'm hoping to help the Board  
24 of Health meetings transition go pretty smoothly,

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1 communication throughout the members and also  
2 learn. I am excited to be here and look forward to  
3 seeing you guys around, getting to know you all.  
4 CHAIRPERSON: Thank you, Josh.  
5 MR. STEINBERG: Thank you.  
6 CHAIRPERSON: The next item of business  
7 would be the election of the Board of Health  
8 co-chair. I guess Dr. McCurdy will not be  
9 rejoining us or he is trying.  
10 So do we need to address this now or -- and  
11 deal with the co-chair ad hoc as we did today?  
12 MS. VAUGHT: This is Laura. Dr. Orgain  
13 asked me to put this on the agenda. So I believe  
14 Dr. Orgain would want a co-chair elected today, but  
15 whatever you decide, it is up to you.  
16 UNIDENTIFIED: What is our status with the  
17 Governor? What is happening with the  
18 reappointments? Those of us I think up in the  
19 fall, what's the approach? What do they all want  
20 to do?  
21 MS. VAUGHT: I have been talking to Ed  
22 Murphy in the Governor' offices in charge of the  
23 boards and commissions. I have been asking for  
24 reappointments. I believe Dr. Bufalino was put

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1 into Victor Forsys' position, but I will contact him  
2 again and see if I can get an update from them, and  
3 I will let you know.  
4 CHAIRPERSON: So before us is the issue of  
5 co-chair.  
6 DR. PERSKY: This is something temporary?  
7 CHAIRPERSON: We could do temporary co-chair  
8 if you wish.  
9 DR. PERSKY: I propose we nominate a  
10 temporary co-chair until --  
11 MS. PHELAN: Karen Phelan. Who is the  
12 attorney representing, working with us here at this  
13 meeting in Springfield, please? Do we have one,  
14 Laura?  
15 MS. VAUGHT: Allan Abinoja would be the  
16 attorney for the State Board of Health. He is not  
17 here. He is in Chicago. But what would you like  
18 to ask?  
19 MS. PHELAN: If we need a co-chair or a  
20 temporary co-chair at this meeting?  
21 CHAIRPERSON: Well, obviously we had a  
22 temporary co-chair of the ultimate and temporary  
23 designation. I guess the real question is do we  
24 need, do we want to have an election of a co-chair

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1 even if we consider it an interim co-chair role  
 2 pending -- that's it. Do we want to have an  
 3 election of a co-chair at this meeting?  
 4 DR. ORRIS: What is the role? Peter Orris.  
 5 What is the role?  
 6 CHAIRPERSON: The role of the co-chair for  
 7 the most part is to do what I have done today which  
 8 is step in and chair the meeting in the chair's  
 9 absence and to take on whatever other duties as  
 10 assigned. I think I know where you are going with  
 11 this, Peter, because I know that the co-chair was  
 12 also chairing the Rules Committee.  
 13 DR. ORRIS: Oh, I was not thinking that far,  
 14 I just thought you did a great job.  
 15 CHAIRPERSON: Oh, thank you.  
 16 MS. VAUGHT: This is Laura --  
 17 UNIDENTIFIED: It was not mandatory, just it  
 18 happened.  
 19 CHAIRPERSON: Okay. That's fine.  
 20 DR. ORRIS: That was a good thought.  
 21 CHAIRPERSON: I'm trying to --  
 22 MS. VAUGHT: If you all want, I can read  
 23 through your bylaws and see if you need to have a  
 24 co-chair.

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1 CHAIRPERSON: Okay. So I am still looking  
 2 for -- there is sort of a backhanded intent at this  
 3 end. We need something definitive one way or  
 4 another.  
 5 MS. PHELAN: Should we take a vote?  
 6 CHAIRPERSON: Well, first we need a  
 7 nomination if you want to do something today or a  
 8 definitive statement that we want to defer this for  
 9 another meeting. But as Laura mentioned, Dr.  
 10 Orgain had raised it and asked for its inclusion on  
 11 the agenda. So it would seem that this is  
 12 something that she would prefer having.  
 13 DR. PERSKY: Since she prefers it and you  
 14 have done a good job, I nominate you as interim and  
 15 any clarification.  
 16 DR. HERRMANN: Second.  
 17 CHAIRPERSON: Any discussion on that?  
 18 DR. ORRIS: Just so long as above three  
 19 million members.  
 20 CHAIRPERSON: Absolutely. We can do small  
 21 county, large county, anything in between. I  
 22 should -- as you know, since -- I should probably  
 23 not run the election, so put your hat off.  
 24 DR. ORRIS: All in favor -- any other

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1 nominations? Nominations are still open. Any  
 2 other nominations for interim co-chair?  
 3 (No response.)  
 4 DR. ORRIS: Hearing none, motion to close  
 5 nominations.  
 6 DR. PERSKY: So moved.  
 7 DR. ORRIS: Thank you. All in favor of  
 8 closing nominations?  
 9 (Ayes heard.)  
 10 DR. ORRIS: Any opposed? Any abstentions?  
 11 (No response.)  
 12 DR. ORRIS: That was a late aye. Okay. And  
 13 so we will come to an immediate vote. All in favor  
 14 of confirming Dr. Carolyn Lopez as interim co-chair  
 15 of the Illinois State Health -- Board of Health.  
 16 Got it. All right. All in favor say aye.  
 17 (Ayes heard.)  
 18 DR. ORRIS: Opposed?  
 19 (No response.)  
 20 DR. ORRIS: Abstentions?  
 21 (No response.)  
 22 DR. ORRIS: Thank you.  
 23 CHAIRPERSON: Thank you. I promise to do  
 24 the best I can always including moving, then, to

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1 our announcements. Are there other items of new  
 2 business to take before the Board?  
 3 (No response.)  
 4 CHAIRPERSON: Seeing none, next will be  
 5 announcements. I will begin with reminding  
 6 everybody of upcoming Board of Health meetings.  
 7 The Policy Committee meeting which was previously  
 8 mentioned will be on Wednesday, July 8th, at one  
 9 p.m. The Rules Committee meeting next will be  
 10 Thursday, August 13th, beginning at one p.m.  
 11 MS. VAUGHT: Actually that should be 3:00.  
 12 DR. ORRIS: They are both, they are both  
 13 soliciting members. These are not exclusive clubs.  
 14 So if you have time and we can convince you to be  
 15 on one or another of those committees, it would be  
 16 very nice.  
 17 DR. BUFALINO: Great.  
 18 DR. ORRIS: They are by phone. It is  
 19 easier.  
 20 MS. FIORINI: I would love to be, but I  
 21 think we should be reappointed first probably just  
 22 in case.  
 23 DR. ORRIS: I don't know how many -- do you  
 24 know how many of us are up in the fall, in

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1 September?  
 2 MS. VAUGHT: I don't recall. I can look  
 3 through it and let you know.  
 4 DR. ORRIS: Can we ask our new government  
 5 affairs staff person to find all that out for us  
 6 and what's the Governor's pleasure because I don't  
 7 want to fill out that whole thing.  
 8 MR. STEINBERG: I will take a look.  
 9 CHAIRPERSON: All right. Thank you.  
 10 DR. PERSKY: Yeah, could you tell us?  
 11 CHAIRPERSON: Okay. Then the State Board of  
 12 Health meeting is Thursday, September 10th, from  
 13 starting at eleven a.m., and, again, that's held  
 14 both in Springfield teleconferencing with Chicago  
 15 and just teleconferencing on the phone.  
 16 Are there any other announcements that  
 17 people have?  
 18 MS. PHELAN: Karen Phelan. I just have a  
 19 question.  
 20 DR. SCHNACK: This is Dr. Schnack on the  
 21 phone. I would like clarification on the Rule  
 22 Committee meeting. This says one p.m., and in the  
 23 past they have always been at three pm. Have we  
 24 changed the time?

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1 MS. VAUGHT: No, it is still three p.m. I  
 2 probably just copied and pasted it.  
 3 CHAIRPERSON: Okay.  
 4 DR. SCHNACK: Okay. Thank you.  
 5 CHAIRPERSON: Okay. Correction on meeting  
 6 time. Go ahead.  
 7 MS. PHELAN: My question is to Laura. Maybe  
 8 you don't know this, but Laura, Victor that was  
 9 previously on the Board, had he put in for  
 10 reassignment to the Board, do you know?  
 11 MS. VAUGHT: I don't recall. I think he  
 12 actually resigned, but I'm not --  
 13 MS. PHELAN: Okay. Thank you very much.  
 14 Thank you.  
 15 CHAIRPERSON: Are there other announcements?  
 16 MS. REYES: Hey, Laura, just, you sent out  
 17 the appointment for that policy meeting and it is 1  
 18 to 2:30.  
 19 Ms. VAUGHT: Yes.  
 20 MS. REYES: Change it to three.  
 21 CHAIRPERSON: Rules is at 3:00. So rules is  
 22 at 3:00. What time does Policy start?  
 23 MS. VAUGHT: Policy starts at one.  
 24 CHAIRPERSON: So Policies 1:00, Rules is

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1 3:00.  
 2 MS. PHELAN: Karen Phelan. Just to confirm  
 3 that it is that Policy meeting at 1:00 where you  
 4 will make the presentation to the Board?  
 5 MS. REYES: Correct.  
 6 DR. PERSKY: And you will send out  
 7 instructions?  
 8 MS. REYES: That's correct.  
 9 MS. PHELAN: As well as instructions for  
 10 June 15th?  
 11 MS. REYES: The June 15th I will send you  
 12 the notice, Laura, so you can get it out to the  
 13 group. We have it already posted online. I will  
 14 send that to you now.  
 15 CHAIRPERSON: Okay. Thank you. Any other  
 16 announcements? Seeing none -- sorry.  
 17 MS. VAUGHT: This is actually Laura. If you  
 18 do have parking vouchers or time sheets, please get  
 19 them to me ASAP because the fiscal year ends July  
 20 1st for this meeting so I can fill them out and get  
 21 them to accounting.  
 22 CHAIRPERSON: So do not sit on your time  
 23 sheets or your vouchers if you have any thought  
 24 that you might want to get reimbursed or get paid.

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1 Okay. Okay. With that are there any other  
 2 announcements?  
 3 (No response.)  
 4 CHAIRPERSON: Seeing none, we are adjourned.  
 5 (Meeting adjourned at 12:27 p.m.)  
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