QUARTERLY MEETING OF THE
ARKANSAS STATE BOARD OF HEALTH
April 24, 2008

Members Present

Jack Porter, DDS, President
Eddie Bryant, MD, President-elect
Paul Halverson, DrPH
Lawrence Braden, MD
Glenn Davis, MD
Alan Fortenberry, P.E.
Larry Fritchman, DVM
George Harper, JD
Richard Hughes, IV
Anthony Hui, MD
Susan Ward-Jones, MD
Thomas Jones
Karen Konarski-Hart, DC
William Lagaly, DO
Lynda Lehing
Marvin Leibovich, MD
John Page, PD
Don Phelan
Russ Sword, FACHE
Peggy Walker, RN, MSN
Patricia Westfall, OD
Anika Whitfield, DPM
Terry Yamauchi, MD

Guests Present

Joyce Dees, Governor's Office
Joseph Bates, MD, ADH
Charles McGrew, ADH
Mary Leath, ADH
Jodiane Tritt, ADH
Donnie Smith, ADH
Jennifer Dillaha, MD, ADH
Randy Lee, ADH
Robert Brech, ADH
Reginald Rogers, ADH
Barbara Kumpe, Am Heart Assn.
Dianne Woodruff, ADH
David Taylor, ADH
Brian Nation, ADH
Terry Brumbelow, ADH
Jane Gaskill, ADH
Dr. Michael Gruenwald, EMS Advisory
Timothy Calicott, EMS Advisory
Rhonda Calicott
Jerry Duncan, ADH
Bob Higginbottom, ADH
Larry New, ADH
William Bennett, Plumbing Examiners
Martin Nutt, ADH
Connie Melton, ADH
Renee Mallory, ADH
Robby Reddish, ADH

QUARTERLY MEETING OF THE STATE BOARD OF HEALTH

The Quarterly Meeting of the Arkansas State Board of Health was held Thursday, April 24, 2008, in the Board Room of the Freeway Medical Building in Little Rock, Arkansas. President Jack Porter called the meeting to order at approximately 10:00 am.

APPROVAL OF MINUTES

President Porter called for the approval of the minutes from the Quarterly Meeting of January 24, 2008. A motion was made and seconded to approve the minutes. Minutes were approved as presented.

INTRODUCTION AND WELCOME OF NEW MEMBERS

President Porter asked Dr. Halverson to introduce the newest Board members. President Porter stated that he had the brief opportunity to meet them earlier this morning. Dr. Halverson said it was indeed his pleasure on behalf of Governor Beebe to acknowledge and welcome the new Board members. Yesterday they participated in a Board of Health orientation process which gave them a brief introduction of the Agency's responsibilities. Dr. Halverson introduced Dr. Lawrence Braden, a family practitioner in Camden and George Harper, who is familiar to many in the room. George retired from the Health Department where he served as Chief Counsel, Deputy Director and actually served for a year as the Acting Director of the Agency. Dr. Halverson introduced Dr. William Lagaly from Hot Springs who represents the Arkansas Osteopathic Association and Dr. Marvin Leibovich from Alexander who is also familiar to many in the room since he served for about 25 years on our EMS Council, many of those years as Chairman and Medical Director. Dr. Halverson also welcomed and introduced Dr. Anika Whitfield, a podiatrist from Little Rock.

Dr. Halverson expressed his appreciation and acknowledged the excellent service of retiring Board members Vickey Boozman, Dr. Caesar Divino, Dr. Timothy Webb and Dr. Jane Sneed. A certificate of appreciation will be sent to each of them for their service to the citizens of Arkansas.

NEW BUSINESS

Proposed Revisions to the Rules and Regulations for Trauma Systems

Mr. David Taylor, Section Chief, EMS and Trauma Systems, requested permission to begin the administrative procedure process for the Proposed Revisions to the Rules and Regulations for Trauma Systems. The Governor's Trauma Advisory Council approved the revisions in March of 2008 and asked that the Department begin the process.

Mr. Taylor stated that the Governor's Trauma Advisory Council designated a rules and regulations working group to update and bring the regulations into compliance with guidelines from the American College of Surgeons. If approved, the public hearing is

expected to be held June 13, 2008 and all interested parties will be able to submit their comments. Mr. Taylor stated that Dr. Michael Gruenwald, Chairman of the Trauma Advisory Council, is in attendance today to help answer any questions.

President Porter stated that this is an extremely important issue for Arkansas since we are so far behind other states. He expressed his appreciation for all the hard work that has gone into these proposed regulations. It was pointed out by a Board member that throughout the course of the definitions, many of these are weak and need to be more defined, particularly in the section that covers where the patients will be triaged. It was felt that these areas of definition needed to be expanded. Mr. Taylor said he would work on that suggestion.

A motion was made to approve this request. The motion was seconded, and the motion passed to begin the administrative procedure process.

Request for Approval of Mandatory Inspection Sheets for Ambulances

Mr. David Taylor stated that on February 13, 2008, the Governor's EMS Advisory Council requested the Section of EMS and Trauma Systems to seek approval for revisions to mandatory ambulance inspection sheets for the State of Arkansas. A summary of the recommended revisions were included in the Board packets along with the current equipment inspection list. All ambulance services were given the opportunity to complete a survey regarding suggestions for the mandatory equipment list.

A motion was made to approve the request as presented. The motion was seconded, and passed.

Local Grant Trust Fund Report

Terry Brumbelow stated that the Local Grant Trust Fund Subcommittee met on March 10, 2008. The subcommittee is asking for the Board's approval of their recommendations:

- Pulaski Southwest requested that a previously awarded $200,000 grant be approved to purchase an existing building and relocate that health unit since previous plans to build a new unit didn't work out.

- Lonoke County – Cabot requested a $450,000 grant to build a new unit in downtown Cabot due to the tremendous growth of that city.

- Lincoln County – Star City --$150,000
  This county has been awarded a grant from Arkansas Economic Development in the amount of $350,000, but needs an additional $150,000 to build a new unit.

- Columbia County – Magnolia -- $100,000
  This county was awarded $280,000 in FY07, but is requesting additional funds to help complete the new unit.

Also, Pulaski County Jacksonville made a request for funding, but the subcommittee felt that more information was needed from the county before a decision could be made.

Mr. Brumbelow stated that he thought the Board would be interested to know that with funding from the Local Grant Trust Fund new health units have been completed in the last three years in Marshall, Searcy County; Fordyce, Dallas County; Jonesboro, Craighead County and Des Arc, Prairie County. He thanked the Board members for their continuous support.

A motion was made to approve the recommendations of the Local Grant Trust Fund Subcommittee. The motion was seconded and approved.

Mr. Alan Fortenberry asked where the funding came from. Mr. Brumbelow stated that each county health unit charges clients a voluntary records maintenance fee. Legislation was passed in 1989 that stated that the first $600,000 of those fees could be used in the construction of health units. It was stated that basically these are turn back funds. Depending on yearly requests, some funds are carried over from year to year. Health Units can also obtain some funding from the Arkansas Economic Development Department. Mr. Fortenberry also asked how many applications are received for these funds. Mr. Brumbelow stated that the Agency asked each of their five regions to submit requests from two counties each year. Each submission is then reviewed and analyzed based on a formula of need before the request is presented to the Subcommittee.

Subcommittee chair, Dr. Karen Konarski-Hart, stated that Mr. Brumbelow and his colleagues, as well as the members of the Subcommittee, do an excellent job of reviewing these requests. She stated that sometimes it is a difficult call. She applauded the health units for being more pro-active in providing the necessary information needed to make a decision as well as getting multiple bids to be good stewards of the funds.

Mr. Brumbelow stated that he normally didn't come before the Board to request approval for a county health officer, but the request was given to him as he left for the meeting. He stated that he had a request from Pike County Judge Don Baker and the Pike County Health Unit Administrator to reinstate Dr. Mark Floyd as the County Health Officer. President Porter stated that this item was not on the agenda. After some discussion, it was decided to table this request until the July meeting.

Appointment to the Drinking Water Advisory and Operator Licensing Committee

Mr. Martin Nutt, Certification Officer with the Water Operator Licensing Program, stated that he was requesting the yearly appointment to the Drinking Water Advisory and Operator Licensing Committee. Each year one of the members rotates off a six-year term. This year two nominations were received. Arkansas Water and Wastewater Managers Association and the Arkansas Rural Water Association's nominee is Wayne Stallings, General Manager of the James Fork Regional Water District in Greenwood. The Arkansas Water Works and Water Environment Association's nominee is Susan Merideth, Water and Wastewater Treatment Superintendent in Jonesboro.

After some discussion, a motion was made to appoint Susan Merideth to the Drinking Water Advisory and Operating Licensing Committee. Mr. Fortenberry stated that he understood that another person from Camden was also nominated, but it was submitted too late to be included in the packet. He stated that all the candidates were qualified to fill the position. The motion was seconded and passed.

Proposed Findings of Fact, Conclusions of Law and Order

Mr. Robert Brech, Deputy General Counsel, stated that since the Clean Indoor Air Act of 2006 this is the first hearing before the subcommittee and Board of Health. He stated that this was not a disciplinary hearing, but that Mr. Joseph Phillips, owner of the private club Tally-Ho in Melbourne, requested the hearing. Mr. Phillips was found in violation of the Clean Indoor Air Act and agreed to abide by the law, but wanted a chance to challenge the interpretation of the rules.

A hearing was held before the Subcommittee on April 17, 2008. Mr. Phillips has one establishment which includes a bar and restaurant. He stated that since the bar area for was people over 21 that smoking should be allowed; however, people under 21 could be allowed in the restaurant area where there was no smoking. Mr. Brech stated that the law was not written to allow two different rules in one establishment. The entire establishment must be either over 21 and allow smoking or it must be smoke-free.

The Subcommittee went over the Act line by line and it was determined that Mr. Phillips' establishment was considered a restaurant by definition of the rules. It was decided that Mr. Phillips would have to choose whether to go 21 and over for the entire establishment including the restaurant or go entirely smoke free. Mr. Brech stated that these finding of facts were presented as the recommendation of the Subcommittee.

Mr. Sword asked if the two areas were totally separate. Mr. Brech stated they were both located in one building, but that there was a door from the bar that could be closed and there was also a sliding window where the drinks and food were passed through. To allow this type of activity would allow any establishment basically to put a wall in the corner of an establishment to have a smoking section.

Mr. Harper asked if the same employees worked in both areas. Mr. Brech reported that the employees did indeed work in both areas. He stated that this is not a unique situation because there are a number of establishments in Arkansas with both a bar and restaurant. Mr. Brech stated that it was explained to Mr. Phillips that if he wanted to have both areas separate, he would need to have two different alcohol permits and two different food permits and operate the establishment as two separate businesses. He would also need two infiltration systems. Mr. Brech stated it was reported from the Alcohol and Beverage Control Board that in order to get two permits a solid wall would have to be installed because food and beverages cannot be passed through a sliding window. Neither food nor alcohol could be shared from one area to the other. Mr. Phillips did not want to establish two separate businesses.

Dr. Joe Thompson, Surgeon General for Arkansas, said that this was not an oversight when the law was written. It was not intended for a business to have two separate areas regardless of air flow, space or servers. It was written so that an establishment would either be a smoking business or a non-smoking business. Mr. Brech stated he had argued this point with many people, including several attorneys from Little Rock.

A motion was made to accept the proposed findings of fact for Tally-Ho Restaurant and Bar. The motion was seconded and passed.

Proposed Findings of Fact, Conclusions of Law and Order

Mr. Brech reported that an Order and Notice of Hearing was sent to Mr. Jerry Tharp, a certified emergency medical technician paramedic, for violation of the Rules and Regulations for Emergency Medical Services. Mr. Brech reported that prior to the scheduled hearing, Mr. Tharp surrendered his license so there is no proposed finding of facts to present. No action is needed by the Board.

Status of Stroke: Morbidity, Mortality and Prevention in Arkansas

Dr. Jennifer Dillaha, Director for the Center for Health Advancement, stated that the Arkansas Acute Stroke Care Task Force, established through Act 663, is charged with coordinating statewide efforts to combat the debilitating effects of strokes on Arkansans and to improve health care for stroke victims. She stated that she wanted to present a short context before Dr. Tim Calicott, Chair of the Arkansas Acute Stroke Care Task Force, made his report to the Board. She then presented a short power point presentation (full report attached to permanent file copy of meeting packet). Stroke is the third leading cause of death in Arkansas. Until recently, Arkansas has led the nation in death rate for strokes. However, the new data just released shows that we may not be the leader, but we need to verify the information before an official announcement is made. A great deal of the reduction in strokes relates to the reduction in tobacco usage.

Although Arkansas is making progress in reducing the mortality of stroke over time, there is a very marked disparity between the number of strokes in Caucasians and

non-Caucasians. The rate for blacks is about 50% more than whites and the disparity starts an earlier age among blacks. Also, in Arkansas we have higher rates of stroke among women because they tend to live longer. A great deal of the disease and morbidity among all adults is the cumulative effect of long term health related behaviors, such as smoking, physical inactivity, and poor diet. However, there are many younger people who experience a stroke.

One of the leading risk factors for strokes is hypertension or high blood pressure and Arkansas has a high rate of people with hypertension. Hypertension seems to increase with age and is also caused by the cumulative effects of risk related behaviors that were not addressed for many years. One of the problems is there are many older adults who take medication for hypertension, yet it is not controlled. Many of them have not acquired the skills to manage their own health.

Dr. Dillaha then introduced Dr. Tim Calicott, Chair of the Arkansas Acute Stroke Care Task Force. Dr. Calicott works at the Conway Regional Hospital; he trained in emergency medicine and has a strong interest in stroke. Dr. Dillaha stated she was so pleased to have him leading the Stroke Task Force. She also acknowledged the American Heart Association who pushed the legislation that established the task force under then Director, Dr. Fay Boozman. Since there was no designated funding, the committee members have been participating on a volunteer basis.

Dr. Calicott thanked the Board members for allowing him to make a presentation. As Dr. Dillaha reported, there is no funding for this task force. He stated that the letter in the Board packet was formatted by the members to give a progress report of their work. Arkansas doesn't have the highest incidence of stroke; it has the highest death rate of stroke. He said that Arkansas also has the highest morbidity and mortality nationally in everything but poisoning.

Dr. Calicott stated that the task force, which consists of twelve individuals with varying backgrounds as stated in the letter, has met every month since January 2007 and have developed goals and recommendations. The Stroke Task Force is charged with coordinating statewide efforts to combat the debilitating effects of strokes on Arkansans; to improve health care for stroke victims; and for other purposes. The morbidity from stroke is the most extensive long term health care cost in the country. They have reviewed the stroke burden in Arkansas and have looked at some model programs for stroke care in other states. They have also talked with other people involved in stroke care such as EMS, the Tellastroke Program through UAMS, and the SAVES program. They have gathered data from EMS runs and through the Arkansas Hospital Association to determine why Arkansas is number one, or maybe number two, in deaths from stroke.

Their short term goal is increasing awareness of the importance of stroke prevention as well as rapid response. Many in the general public don't realize that a stroke is an emergency. Essentially, stroke is level one trauma. There is a need for statewide EMS protocols for the treatment of stroke.

Dr. Calicott reported that only about three percent of actual stroke victims receive TPA, a clot busting drug, which results in a fairly significant improvement. The Task Force wants to increase the aggressiveness of emergency room physicians in giving TPA to more stroke victims. By giving TPA in a timely manner, it decreases the cost for long term care.

The Task Force is also accessing how hospitals treat stroke victims. Not all of the 81 hospitals in Arkansas have a neurologist, but hopefully they all have an emergency physician who would be willing to evaluate the patients and give TPA as necessary. The Tellastroke Program provides an online neurologist for hospitals who don't have one on staff allowing the physician to call in with the data of the patient and the online neurologist can give his advice as to whether the patient should receive TPA.

One of the goals is to develop a stroke registry to collect all stroke data thus eliminating the gaps we currently have. Currently, we have EMS data collection, emergency room data collection, in-hospital data collection and long term care facilities data collection which doesn't mesh together. The stroke registry would give us a much better data collection and hopefully help to improve the stroke levels in Arkansas.

JCAHO has a stroke center designation and only about half the hospitals in Arkansas are actually JCAHO certified. Some of the hospitals, such as Conway Regional, have developed their own stroke protocol even though they are not JCAHO certified, and the goal is to work toward that for all hospitals. Another interesting issue which many people do not know is that Arkansas does not have 911 coverage in all counties. There are at least five counties that don't have access to an emergency through 911 services. Adding that capability for all counties is another goal of the Task Force.

Board member Peggy Walker stated she was really proud of what the Task Force was doing. She said that she knew of a woman who recently had a stroke and was taken to the hospital, but received no treatment in the four hours and had another stroke in the hospital. She stated she wasn't blaming anyone nor does she think there was any neglect, but she knows that something has to be done about awareness and training. She stated she is very pleased with the plan to educate and establish protocols. If this patient had received TPA treatment, there is a possibility she would not have had the second stroke and her outcome would have been much better.

Board member Dr. Karen Konarski-Hart said she was seeing more of her patients on Coumadin than ever before for other heart related problems than originally prescribed, and she was wondering if we would see a shift in the type of stroke related to this medication. Dr. Calicott said there were about 20 exclusion criteria for stroke and only about 40% of stroke patients are eligible for TPA. He stated that if a patient is already anti-coagulated that is essentially one exclusion for this treatment. Other exclusions include minimum symptoms of stroke or improving symptoms of stroke, brain tumor, recent surgery, or previous head bleed. Even with 40% eligible to receive the treatment, only 3% actually receive it. He said that Dr. Tremwel in Fort Smith who is

also on the Task Force is very aggressive in treating stroke victims with TPA. She is prescribing about 10% which is about a 300% improvement over the rest of the state. Any percent in reduction of morbidity and mortality as well as reduction in cost is incredible.

Board member Dr. William Lagaly asked in the acute care process when a patient was not a candidate for TPA, has there been any thought given to trying hyperbaric oxygen therapy on those patients. Dr. Calicott said that the Task Force hadn't specific addressed that and he hadn't seen any research on it. He also said that there are not many hospitals in Arkansas that have hyperbaric therapy. Right now, there are only about 10-12 hospitals that are doing TPA and those are in the larger metropolitan areas. One of the goals is to improve that number. Arkansas is a very rural state with many small hospitals that don't even have 24 hour capability which affect who gets TPA.

Board member Alan Fortenberry asked what the timeframe was for treating stroke victims. Dr. Calicott stated it was three hours. All the research done basically states that people who were given TPA within the three-hour window did better than people who were given the medication past three hours. So that is how the three-hour window was set as the benchmark.

President Porter asked if the five counties that didn't have 911 service were grouped together. It was reported that the counties were not grouped together, but were smaller counties -- Izard, Calhoun, Newton, Stone and Cleveland.

Dr. Calicott said that Calhoun County only has about six thousand people and it would be a significant expense for the phone company to actually set up a 911 service. He said that people in Pulaski County pay about $1.62 per month on their phone bill for the 911 service and there is over 300,000 people in this county, so that is a large amount of money. If you charged the six thousand people in Calhoun County the same amount of $1.62 it certainly wouldn't be enough money to cover the expense for the small phone companies that operate in those counties.

Dr. Thompson, Arkansas Surgeon General, asked Dr. Calicott as a front line provider, a member of the Task Force as well as a member of the EMS Advisory Council, if he could share what the overlap or differences are between the trauma need and the stroke need. Dr. Thompson stated that he was not proposing to combine the two needs. He said there is a goal of one hour for trauma and three hours for strokes.

Dr. Calicott said that EMS overlaps everything and we have worked over the last three years to really improve EMS in the state. He stated that both David Taylor and Dr. Leivocih have done a wonderful job to help improve EMS. We have become more aggressive with procedures and medication. Some of the problem lies with the treatment that is received once EMS gets the patient to the hospital since many of the physicians are not willing to give TPA without a neurologist on staff. He said it was his dream that one day in Arkansas there would be greater coordination of all of these

things as well as having a level one trauma center as well as level one and level two stroke centers as well as disaster management all intermeshed together with a clearinghouse for all of it. He said that Arkansas absolutely must get a level one trauma system. He said it was terrible for the people in Arkansas not to have one. The morbidity and mortality rates for trauma are much higher in Arkansas because of not having one. He believes it is imperative to establish the trauma center and thinks that once that system is established, the other specific treatments will fall into place. There will be more coordination between hospitals and EMS getting other patients such as stroke or heart attack victims to the nearest hospital for the best treatment. His hope is that the stroke arena could piggyback on the trauma system by utilizing the same infrastructure whether it's a policy procedure or telemedicine.

Dr. Dillaha said that in the ideal world the goal is to prevent strokes. She was asked to explain what the Health Department is doing towards that goal as well as minimizing the impact. The Department's stroke program is part of the heart disease prevention section which used to be called the cardiovascular section. When people hear the term cardiovascular they think heart, but not stroke so the section was renamed for that reason.

The idea behind the program is to prevent and reduce disability and death due to heart disease and stroke. The program is funded through a Federal grant with CDC and the grant guidelines that we are to focus on secondary prevention. Secondary prevention is what a person who already has heart or vascular disease can do to keep from having a heart attack or stroke or what you do once you have had a heart attack or stroke to minimize the effect. The goals include looking at environmental and system changes. We want to reduce the disparities between the minorities and the white populations as well as reduce the aftermath of this disabling condition. We are working to increase awareness about high blood pressure, high cholesterol as well as educating the public on the signs and symptoms of a stroke. Most people can tell you the signs and symptoms of a heart attack, but few can tell you about strokes. We also are working to promote behavioral lifestyle changes that involve what patients need to do to adhere to medical recommendations and what practitioners need to do to adhere to the guidelines.

The Department has a chronic illness collaborative which is a partnership that looks at how clinics operate so that chronic disease is well attended to and ensure that the needed guidelines are followed. Our clinics are set up to treat acutely ill patients, but the chronic disease issue can be very difficult to manage. The goal is to help the clinics with preventative care. Continuing medical education in regard to stoke and chronic disease is provided and the Heart Association has a division called the American Stroke Association to implement guidelines in the hospital system for improving how strokes are handled.

Education and awareness are being promoted and we are working with communities that want to address heart disease and stroke in their area. One of our programs ARCHES, Arkansas Cardiovascular Health Examination Survey, gives us the

opportunity to interview people to find out about their lifestyle and conditions as well as offer a physical examination. This program is fairly new and we have just completed our enrollment and we are now doing the data entry. We are very excited about this program and what it will tell us.

The department is also working to develop a standard protocol to help improve the way a patient is assessed when EMS arrives at the scene in order to shorten the window when patients receive the assessment and care needed when they arrive at the hospital. EMS can provide treatment either on the trip to the hospital or before they leave the patient's home.

Dr. Dillaha said that these were some of the programs that the department is working on regarding stroke prevention. President Porter stated he felt it was important for the Board to have these educational opportunities to learn what is going on with the critical issues within Arkansas.

OLD BUSINESS

Proposed Revisions to the Rules and Regulations for Emergency Medical Services

Mr. David Taylor stated that the section of EMS and Trauma Systems is seeking final approval of the Proposed Revisions to the Rules and Regulations for Emergency Medical Services. He stated that all the steps in the administrative process have been completed. The public hearing was held on March 14, 2008 and no comments or questions were received and there were no objections from the legislative committees.

Board member Peggy Walker asked why the Subcommittee's changes on the substance abuse issue were not being incorporated into the revisions on page 67. Mr. Taylor said that these revisions were being implemented due to the nature of the upcoming hurricane season for emergency response. He stated that the Subcommittee's concerns will be in the next revision which will occur after the next legislative session to incorporate the new skill set for emergency medical technicians.

A motion was made to approve the revisions. The motion was seconded and the motion passed.

Proposed Amendment of the 2006 State Plumbing Code

Dr. Paul Halverson stated he would like to acknowledge the presence of Mr. William Bennett, Chairman of the Arkansas State Plumbing Examiners Committee. Mr. Jerry Duncan, Director of the Plumbing and Natural Gas Program, stated he was seeking approval of the amendments to the State Plumbing Code which included sections 305.5.1, 912.2, 913, 917 and to delete Appendix I.

A motion was made to approve the amendments as presented. The motion was seconded, and the motion passed.

Proposed Rules and Regulations for Orthotic, Prosthetic, and Pedorthic Providers in Arkansas

Ms. Connie Melton, Section Chief of Health Facility Services, stated she had two items to present to the Board today. First is the final approval of the Proposed Rules and Regulations for Orthotic, Prosthetic, and Pedorthic Providers in Arkansas. There were no public comments received and no objections from the legislative committees. These rules and regulations are supported by the Advisory Committee as well as the Arkansas Orthotic, Prosthetic, and Pedorthic Association.

A motion was made to approve the rules and regulations as presented. The motion was seconded and the motion passed.

Proposed Revisions to the Rules and Regulations for Critical Access Hospitals in Arkansas

Ms. Melton asked for approval of the proposed revisions to the rules and regulations for Critical Access Hospitals in Arkansas. There were no comments or recommendations received and there were no objections by the legislative committees or the Arkansas Hospital Association.

A motion was made to approve the revisions as presented. The motion was seconded and the motion passed.

PRESIDENT'S REPORT

President Porter said that a copy of the Vaccine Report Subcommittee was handed out to the Board members. Last year Dr. Halverson appointed a subcommittee to look into the vaccines. President Porter stated that the Board would be given 90 days to review this report. He thanked Rick Hogan and his staff for the hours they spent on this report. He also thanked the subcommittee for their exceptional job. The subcommittee consisted of Richard Hughes and Vickey Boozman representing the consumers; Dr. Susan Ward-Jones and Dr. Jane Sneed representing the clinical aspect, Dr. Terry Yamauchi who is internationally known for his expertise, and Dr. Porter himself. He said that he was there just to facilitate the group and he wanted to acknowledge their hard work and dedication for a job well done on a very significant subject. When you look at the increasing longevity of the citizens worldwide, immunizations is one of the factors that have increased longevity more than any other issue. Today we see new drugs being introduced including genetically engineered drugs as well as the contraction of diseases from casual contact to consensual contact. We have to look at where the boundaries go as far as responsibility of the Health Department when we see more people opting out of vaccines. Also, the Department has to look at new

vaccines being introduced and their responsibility burden. He felt it was extremely important that the subcommittee look at this issue.

Board member Mr. Richard Hughes stated that he would like to thank President Porter for his excellent leadership which led to a very organized process. Dr. Susan Ward-Jones agreed with Mr. Hughes.

President Porter asked the Board members to review the report which would be discussed at the July Board meeting.

DIRECTOR'S REPORT

Dr. Paul Halverson thanked President Porter for his leadership on this important and timely public health issue for the state. He also thanked the members of the subcommittee as well as the staff that supported this work. He stated he looks forward to the discussion of the report at the next meeting.

Dr. Halverson stated he also wanted to thank President Porter on a personal note. For those who may not know, President Porter's mother-in-law passed away yesterday. Dr. Halverson said he thinks that President Porter's attendance today is an exceptional sacrifice on his part and he extended his condolences.

Dr. Halverson said that the members of the Board were polled regarding the Board of Health meeting and annual training. The meeting will be held on October 16-17, 2008 at the Winthrop Rockefeller Institute at Petit Jean Mountain. Since the date is a change from the regularly scheduled meeting, it requires that the Board vote on the change of date. He stated that he would like to make the motion to approve the dates of October 16 -17, 2008 for the annual meeting. The motion was seconded and the motion passed.

With no further business, the meeting was adjourned at 11:35 am.