

**MEETING OF THE  
ARKANSAS STATE BOARD OF HEALTH  
October 24, 2013**

**MEMBERS PRESENT**

Clark Fincher, President  
Miranda Childs Bebee, D.D.S. President-Elect  
Nathaniel Smith, M.D., MPH, Secretary  
Lawrence Braden, M.D.  
Glen "Eddie" Bryant, M.D.  
Alan Fortenberry, P.E.  
Larry Fritchman, D.V.M.  
George A. Harper, J.D.  
Anthony N. Hui, M.D.  
Susan Jones, M.D. (via phone)  
Thomas Jones, R.S.  
Jim Lambert (via phone)  
Catherine Tapp, MPH  
Joe Thomsson, M.D., MPH  
Peggy Walker, RN-BD, MSN, CADC (via phone)  
Patricia Westfall-Elsberry, O.D. (via phone)  
Anika Whitfield, D.P.M.  
Terry Yamauchi, M.D.  
James Zini, D.O. (via phone)

**GUESTS PRESENT**

Joe Bates, MD, Deputy State Public Health Officer  
Stephanie Williams, Director, Center for Public Health Advancement  
Ann Purvis, Deputy Director for Administration  
Robert Brech, Chief Financial Officer  
Rick D. Hogan, General Counsel  
Reginald Rogers, Deputy General Counsel  
Elizabeth Pitman, Deputy General Counsel  
Leslie Lovett, Arkansas Board of Health Liaison  
Donnie Smith, Director, Center for Health Protection  
Mike Wilson, EOC, Technical Manager  
James Myatt, Pharmacy/Drug Control, Branch Chief  
Katheryn Hargis, Governmental Affairs  
Cathy Flanagan, Director of Communications  
Greg Brown, EMS, Section Chief  
Connie Melton, Public Health, Section Chief  
Renee Mallory, Health Facilities Branch Chief  
Michelle R. Smith, PhD, Minority Health, Director  
John Senner, CPHP, Director  
Naveen Patil, TB/HIV/STD Medical Director  
James Joiner, P.E. Facility Engineer  
Dirk Haselow, Infection Disease, Section Chief  
Xaiver Heard, Director of Human Resources  
Bill Temple, Injury Prevention, Branch Chief

**Members Absent (excused)**

Marvin Leibovich, M.D.  
John R. Page, P.D.  
Alexander Rejistre, Sr. DC  
Mary Beth Ringgold  
Rev. Dwight Townsend

## **MEETING OF THE STATE BOARD OF HEALTH**

The Meeting of the Arkansas State Board of Health was held Thursday, October 24, 2013, in the Caddo Meeting Room at DeGray Lake Resort State Park Lodge & Convention Center in Bismarck, Arkansas. President Fincher asked those members participating by conference call to give their names. Dr. Susan Jones, Mr. Jim Lambert, Ms. Peggy Walker, Dr. Anika Whitfield and Dr. James Zini responded. President Fincher reported there was a quorum and called the meeting to order at approximately 10:00 a.m.

### **APPROVAL OF MINUTES**

President Fincher entertained a motion for approval of the minutes of the July 25, 2013, quarterly meeting. Mr. Harper made a motion to approve the minutes. The motion was seconded and the minutes were approved as presented.

### **OLD BUSINESS**

#### **Repeal of the Rules and Regulations for Health Maintenance Organizations in Arkansas**

Connie Melton, Section Chief, Health Facilities Services, requested permission to begin the process of repealing the rules and regulations for Health Maintenance Organization pursuant to Act 1433 of 2013, which consolidated all regulatory functions for HMOs with the Department of Insurance. Therefore, the rules needed to be repealed. The public comment period ended in September with a public hearing. There were no attendees and no comments were received. Health Facility Services has taken the repeal of these rules and regulations through the rulemaking process. Ms. Melton stated, at this time, Health Facility Services is respectfully requesting that the Board approve the final repeal of the rules and regulations for HMOs

The motion was approved by Dr. Thompson, seconded by Dr. Bryant and was carried.

#### **Final Approval of the Rules and Regulation Pertaining List of Controlled Substances**

James Myatt, P.D., Control Branch Chief, Pharmacy Services, Center for Health Protection, asked for final approval of these Rules and Regulations. Mr. Myatt stated that all steps prior to the final approval had been completed.

A motion for final approval was made by Mr. Harper and seconded by Dr. Childs-Beebe. The motion carried.

**Final Adoption of Amended Rules and Regulation  
Pertaining to Communicable Diseases Tuberculosis**

Reginald Rogers, Deputy General Counsel, asked the Board for final approval to move forward with the Amended Rules and Regulations and to remove Home Health Agencies and its workers from the requirement of being tested for Tuberculosis. Mr. Rogers stated that Robert Brech was currently in the process of appearing before the Senate and House Committees on Public Health, Welfare and Labor.

Mr. Fortenberry asked if Mr. Brech anticipated any issues in going before the legislative committee. Mr. Rogers stated that he did not. Dr. Smith mentioned that by doing this to our rules and regulations we are actually able to remove the burden for a very low yield screening. While also maintaining the ability to reinstate if the situation changes or to do focus testing if needed. Dr. Smith stated, “which is much superior to having a statute that basically is set in stone.”

Mr. Lambert asked if this applies to employees of a home health agency that is employed by a hospital. Mr. Rogers replied, no, this is for home health workers only. Ms. Walker made the comment that nationally there was a shortage of the Tuberculosis skin testing antigens and that has created a hardship for programs that depend on that throughout the country. Dr. Smith added that we have already moved away from that and use “T-Spot”. We have been leaning more toward this direction so we were not as impacted by the shortage as states that have not yet made that move. This also causes fewer false positive and gives us a more focused testing than it would by testing groups that we know are at high risk. By doing so, the energy is focused on those who test positive.

Mr. Harper made a motion to approve, subject to legislative approval. Mr. Fortenberry seconded the motion and it was carried.

**NEW BUSINESS**

**Proposed Revision to the Rules and Regulations for Hospitals  
and Related Institutions and Critical Access Hospitals**

Connie Melton, Section Chief, Health Facilities Services, reported that the provisions for the Rules and Regulations for Hospitals and Related Institution would be exactly duplicated in the Rules and Regulations for Critical Access Hospitals. Ms. Melton stated this set of revisions focused specifically on hospitals, all revisions had been reviewed and discussed with hospital providers, physicians, the Hospital Association, the Medical Society, etc. All have reviewed and discussed the revisions in great detail and are in support of it.

This set of Rules has some clarifying language, formatting improvement, updates of certain definitions and some new content. The new content began in Section 3, which defined basic hospital services. On page 3 – 3, Off-campus Emergency Departments are defined. On page 3 – 4, Qualified Medical Personnel are defined. Ms. Melton stated “this concept of being able to credential and privilege qualified medical personnel received lots of discussion by the group and

we did receive consensus.” This allows hospitals the option to credential and privilege individuals such as physicians assistants and nurse practitioners to have privileges within the hospital so that they can function within their licensed scope of practice. This follows the parameters already established by CMS, Medicare, and hospitals and also follows the parameters established by the Drug Commission. Again consensus was reached on this definition.

Section 7, page 7 – 4, the General Administration Section, added enhancements to the hospitals efforts to plan for disasters. This increased the food, water and fuel requirements for hospitals to have on hand for 48 to 72-hours. That change was made because of so many of the disasters now last quite a bit longer than 48 hours. Again this was a detail that was discussed and the hospitals are okay with.

In Section 17, the Food and Nutrition Section updates were recommended by the Arkansas Dietetic Association. These changes bring the language current and bring the requirements to the current standards.

In Section 34, the Central Sterilization and Supply terminology was updated bringing it current. Some of the standards were also changed.

In Section 36, Emergency Services had lots of discussion. Page 36 – 1 details the list of supplies required for emergency departments. This mirrors the list that is in trauma rules for level III trauma systems, which is the entry level for trauma. Page 36 – 2, H2, indicates that should a hospital decide to do this they can have qualified medical personnel treat and make a final disposition for patients with non-emergency conditions. This also required a great deal of discussion however, consensus was reached. Page 36 – 4, is where the requirements for off-campus emergency requirements are detailed. This language mirrors the standard already established by CMS/Medicare for Hospitals.

Dr. Bryant asked if the facility is separate from the main campus will the emergency department have to be licensed. Ms. Melton responded that they will be licensed within the master hospital license. It is not a separate or second license. Dr. Bryant mentioned that page 4 – 2 Section H mentioned separate license. Ms. Melton responded that she would look into that.

Mr. Fortenberry mentioned the interest to him was that it said “contains specific provisions to supply food, water, fuel and other essential items in emergency situations.” Indicating that you don’t have to have storage you just have to have provisions.

Ms. Walker and Mr. Lambert shared with the members that they were impressed with all the hard work that went into this revision.

Dr. Thompson had a question regarding page 3 – 4 related to the scope of practice determinations. Dr. Thompson stated that there was growing tension between the nurse practitioners and the physicians over the existing collaborative practice act. On the one side, desire for restrictions, and on the other side, desire for modification. This does not enable the hospital to determine the scope of practice does it? Miss Melton responded, that is correct. The hospital must research and figure out what the scope of practice is. Mr. Lambert added that most

hospitals do not allow nurse practitioners to do even what the scope of practice act allows in the State regulations. Therefore, you would have flexibility to whatever is articulated in the State regulations as to what their scope of practice is.

Mr. Harper asked how this was different than what was currently in place. Ms. Melton responded currently only physicians, M.D.'s and D.O.'s are credentialed and privileged. Mr. Harper then asked what would be an example of what a QMP would be able to do, that was previously restricted to a physician or a registered nurse. Mr. Lambert responded M.D.'s and D.O.'s are only credentialed on active medical staff. There are "what we call, allied health professionals which are independent licensed practitioners that aren't physicians". For example, nurse practitioners and others. They are credentialed through the medical staff but what they are able to do is limited by what their scope of practice allows them to do.

Ms. Melton stated that it clarified the Rules so that hospitals know that they have the option, if it suits them, to credential and privilege a wide variety of licensed personnel allowing them to work within their scope of practice. Ms. Walker asked if a nurse practitioner has to work under a physician. Dr. Smith stated that is correct.

Dr. Hui asked the Off-campus Emergency Department, "for example could there be a Washington Regional in Little Rock?" Ms. Melton replied Medicare set a 35-mile geographic limit. Therefore, you would not get reimbursed if you are outside the 35-mile range. So we did not articulate a mileage due to the standard already set by Medicare for reimbursement.

Dr. Thompson stated the scope of practice determination is determined at the State level. Medicare can establish something but the states independently determines the scope of practice for their licensed providers. He also stated that he thinks this revision should go forward. However, he wanted to flag this as an area that the Board may want to spend some future time on, recognizing that we don't have as a Board much control over the Board of Medicine or the Board of Nursing.

Dr. Bryant stated that his understanding of the scope of practice and medical status that as of now, even without this, if the medical staff desires an APN or APA to be a full member of the medical staff then they can be credentialed as a member of the medical staff and have privileges.

Dr. Yamauchi asked Dr. Thompson, where does telemedicine fit into this as far as the 35-mile range and who is responding to the telemedicine calls. Dr. Thompson stated in our work force strategic plan we identified what is actually an area that we have technological capabilities but licensing and payment mechanisms do not really support. You have to be in the presence of the patients. Therefore, the specialist that is on the end of the telemedicine referral, who is not in the presence of the patient, does not get paid. The same could be true if you had a nurse practitioner outpost and you have a primary care provider that was teleconferenced in, that is where the scope of practice video piece is becoming an issue on the telemedicine side. It is also an issue on the primary care side as we do payment transformation and different payment mechanisms to the primary care doctors. Dr. Bryant stated that there is a working group that is trying to "hammer out" some of those details.

Dr. Fincher then entertained a motion to approve this action. Ms. Walker approved the motion. Dr. Fritchman seconded the motion and the motion carried.

**Proposed Revisions to the Rules and Regulations  
for Abortion Facilities**

Connie Melton, Section Chief, Health Facilities Services, stated this set of revisions is due to Act 171 of 2013, which prohibits an abortion on or after the 20<sup>th</sup> week. The Rules and Regulations for Abortion Facilities were revised as follows: on page 3 – 1, the definition of abortion facilities was revised to mirror the new statute; on page 6 – 2, the Rules require the facility have a policy for determining probable post fertilization age, a change which is exact statute language.

Ms. Melton stated, at this time they are asking for authorization to proceed with the administrative rules process for the revisions to the Rules and Regulations for Abortion Facilities.

Mr. Harper stated that he presumed this statute has been challenged in Federal Court. Mr. Hogan confirmed that it was one of the laws that are currently being challenged. Mr. Fortenberry moved to approve the motion and was seconded by Ms. Tapp. The motion carried.

Dr. Thompson asked for clarification, “is the Board obligated to follow legislation even when there is a Supreme Court decision that would appear to be in violation of the legislative statute”. Mr. Hogan stated that the Board is obligated to follow what the State Legislature tells us to follow until that law is proven otherwise.

**Proposed Revisions to the Rules and Regulations  
for Home Caregiver Training**

Connie Melton, Section Chief, Health Facilities Services, stated that this is a new set of rules being promulgated as a result of Act 1410. The statute identifies the skills training required for non-licensed individuals providing in-home caregiver services through a business. These Rules also include a clarification that licensed entities are not subject to this Rule. For example, that would be a home health agency that is licensed, a hospice agency that is licensed, and/or a private care agency that is licensed. This Rule applies to businesses that are providing help to individuals in their home that are not licensed agencies. At this time we are requesting authorization to proceed with the administrative rules process for this set of Rules.

Dr. Westfall-Elsberry made a motion, Mr. Harper seconded the motion and the motion carried.

**Proposed Revisions to the Rules and Regulations  
For Emergency Medical Services**

Rick D. Hogan, Chief General Counsel, reported that it had been many years since the EMS Rules and Regulations had been changed. These regulations have been vetted by the Governor’s Advisory Committee and have been under consideration for several years. As early as this past week the Ambulance Associations and other regulators had requested and we had agreed to a

language change to the package that was given to the Board. Page 92 contains language that was agreed upon by the Department, all the regulators, the trauma system and many others that have gone through the process for several months. The language specifically says the lead emergency medical support personnel will make the destination decision considering the ATCC recommendation, patient's condition, distance to travel, patient preference and system status. Again, that was agreed upon language after much consideration. We believe that it will protect public health and make the promulgation process much easier. Mr. Hogan also brought to the Board's attention the last page of the rules which is a "decision scheme". Pointing out that there had been one change to the information given based upon negotiations. That change is in the 3 boxes to the right on the decision scheme, the words "trauma center" have been struck and the word "hospital" has been inserted.

Mr. Hogan asked that the Board accept the changes and permit these proposed rules to move forward. Greg Brown wanted to make sure the Board was clear that this is just an amendment to the total rule revision that was brought to the Board at the last meeting.

Dr. Thompson asked who negotiated making these changes. Mr. Brown stated the Arkansas Ambulance Association, the Section of Trauma, the Section of EMS and the Center for Health Protection. Mr. Brown stated that the intent of this particular Rule is to ensure that the ambulance services in the state are contacting the Call Center for every trauma patient. Secondly it gives, as we've intended from the very beginning, the paramedic that is in the back of the ambulance the ultimate determination based on the recommendations of the call-center, patient conditions, system status, and multiple other issues.

Mr. Harper moved that the Board reauthorize and the Section be allowed to go forward with the addition of these two changes. The motion was seconded by Dr. Thompson. The motion carried.

#### **Recommendation for Cosmetology Technical Advisory Committee**

Renee Mallory, Branch Chief, Health Systems Licensing and Regulation, stated that seven names were brought to the Board in July for the Cosmetology Technical Advisory Committee. After the Board approved those names, one declined. We are asking the Board to approve Mr. Adrian Tabb so that the committee can be complete.

Mr. Fortenberry moved to accept the recommendation. Dr. Childs-Beebe seconded the motion and the motion carried.

#### **Proposed Repeal of the Rules and Regulations for Administrative Procedures**

Rick D. Hogan, J.D., MPH, General Counsel, requested permission from the Board to begin the rulemaking process to have the Administrative Procedure Rules and Regulations repealed. Mr. Hogan stated that this would mean the Board would revert back to and continue to follow the Administrative Procedures Act, as there is no need for these anymore.

Dr. Fritchman made a motion to approve and Dr. Zini seconded the motion. The motion carried.

### **Proposed Adoption of the Amended Bylaws**

Rick D. Hogan, J.D., MPH, General Counsel, advised that these rules were amended when the Department was merged with the Department of Human Services. Therefore, they still had some language regarding the Department of Health within the Department of Human Services. Some language was struck and some implemented the revised statutory language and to ensure that the amended bylaws were up-to-date according to existing laws. On page 5, under Agenda, the Department has added that members of the Board may be addressed via electronic means.

Dr. Smith added that this terminology allows the Board to continue their current practice while being open to possibilities in the future.

Dr. Fincher entertained a motion to adopt the amended Bylaws. Dr. Whitfield made the motion and it was seconded by Dr. Hui. The motion carried.

### **Proposed Adoption of Forms Under Act 1264**

Reginald Rogers, J.D., Deputy General Counsel, advised that Act 1264 of 2013, the Arkansas Health Care Decision Act, was not an act that the Department of Health was thoroughly involved in. However, the act provides for standard advance directives for persons to use to give guidance to health care workers and emergency response workers. The act has several forms included in it. The Health Care Decision Act also allows the Board to make revisions to the forms through the rulemaking process, so long as any revisions are consistent with the intent of the act. If the Board decided to make any changes, changes would need to be reviewed and discussed with an ad hoc committee of members to decide on any changes.

Dr. Thompson asked if any of the agency staff had any concerns regarding this form in its current state. Mr. Rogers stated that he did not hear anything. However, he assumes as time goes by and the forms are used more we will receive more feedback. Mr. Harper wanted to make clear that these forms do not diminish any of the use of advance directives. Mr. Rogers confirmed that it does not diminish any of the use of advanced directives but mostly tries to standardize and promotes the forms. Therefore, today we are asking to for the adoption of these forms.

Dr. Thompson moved to adopt the Advanced Care Plans as presented. Mr. Fortenberry seconded the motion and the motion carried.

### **Local Grant Trust Fund Funding**

James Joiner, PE, C.E.M., Facility Engineer, presented the proposed recommendations regarding the Local Grant Trust Subcommittee. The Local Grant Trust Fund Subcommittee met September 26, 2013 and approve the following awards, Hempstead County \$255,000.00, Greene County \$200,000.00, Chico County \$193,000.00.

Dr. Zini asked, when this is done, do they have the expenditures and does the Health Department knows exactly what has been done and then they are reimbursed this amount for the project. Mr.

Joiner confirmed that was correct. The County actually pays the contractors and submits the reimbursement from that direct trust fund. Therefore, we have all invoices pertaining to that. Mr. Harper further stated that this just authorizes or appropriates the money to these projects. They are not paid until they complete one and then they furnish evidence that the work has been completed.

Mr. Harper made a motion to approve these projects, Dr. Hui seconded and the motion carried.

### **Proposed Revision to the Rules and Regulations Pertaining to Vital Records**

John Senner, PhD, Director, Center for Public Health Practice, stated that the Department request approval to begin the process of revising Rules and Regulations pertaining to Arkansas Vital Records. The Arkansas Legislature adopted Act 171 earlier this year that requires Board of Health approval of revisions of the Induced Termination of Pregnancy Form. Dr. Senner stated that they had made a one-word revision to block 12, which requests PPS or probable post fertilization age. The word age was added to that title under section 12. Section 12.0 and section 12.1 were also separated. There are also changes made to update the new electronic system. There have been some accommodations to the electronic system and regulation in sections 1.2, 1.3, 2.1, 6.0, 13.7 and 14.5. There was some cleanup done including 7.4 requirements that a coffin could be opened only in the presence of a corner who is a physician. There was the deletion of regulation in section 8.3, which regarded the treatment of bodies with communicable disease. That is duplication section in the Communicable Disease Regulations. Finally there were changes made to cleanup language and typos in sections 1.1, 7.0, 14.4, 18.0.

Dr. Thompson made a motion to approve the revision of the Rules and Regulations pertaining to Vital Records as presented. Dr. Bryant seconded the motion. The motion carried.

### **H&H X-Ray Services Consent Decree**

Rick D. Hogan, J.D., MPH, General Counsel, presented a Consent Decree that was entered into with H&H X-Ray Services, Inc. On August 22, 2013, H&H X-Ray Services was found to be in violation of the Arkansas Radioactive Materials License Rules and Regulations. This was after an inspector with the Department happened upon a truck carrying the radioactive sources that had been left unguarded and not secured. After looking at what had been done in similar situations in the past, the Department contacted H&H with the Notice of Hearing. On October 8, 2013, to avoid a hearing H&H X-Ray Services agreed to enter into the Consent Decree waiving their rights to a hearing and agreeing to pay the penalties totaling \$8000.00.

Therefore, after entering the Consent Decree and the assurances of H&H X-Ray Services, Inc. that this would not happen again, we are respectfully requesting that the Board adopt the Consent Decree. It was also noted that H&H X-Ray Services, Inc. did pay the penalties in full totaling \$8000.00.

Dr. Yamauchi asked if there were any assurances that nothing happened before this discovery. Mr. Hogan stated that when this was discovered the investigator went back and looked through

the records as to the utilization of this equipment. There was some falsification of documentation found. However, there was no determination by investigators or inspectors to warrant any additional public health actions or interventions. Dr. Zini asked what was going to be done to follow up to make sure that H&H is in compliance. "Is there a protocol to follow?" Renee Mallory stated that this is an out-of-state company so they are licensed under reciprocity. So every time they enter the state there will be a full on-site inspection done. Ms. Mallory stated that our regulations mirror the Nuclear Regulatory Commission therefore any time something is done the Nuclear Regulatory Commission is aware of it. Therefore, other states will be aware of this and that it is a problem.

Dr. Zini made a motion to approve the Consent Decree. Dr. Childs-Beebe seconded the motion and the motion carried.

### **OTHER BUSINESS**

Dr. Fincher mentioned that there were two items tabled at the last meeting concerning two water systems that had not met requirements for fluoridation. Both of those systems are making progress toward compliance. Mr. Rogers stated that at the last board meeting, Danville Water System and Watson Chapel Water System had submitted documents to Delta Dental as required. Delta Dental is still reviewing those and will need more time to do so. Dr. Fincher added these items will be placed on the next agenda to follow-up on.

Dr. Fincher stated the other issue was the progress of the dental hygiene issue. It was also tabled at the last meeting pending further discussions with the Dental Association and Dr. Childs-Beebe. Dr. Fincher asked Dr. Childs-Beebe to comment on the status of that. Dr. Childs-Beebe responded that they had met several times and basically where we are looking with the Rules and Regulations is defining what "an area of need" is. Part of the reason why we are being so diligent on getting a good definition, is some of the problems we are seeing. We want to make sure the scope of practice, what we've laid out with the Dental Board, is very, very specific. We also want to make sure that the Areas of Need are true areas of need. We have looked to multiple variations of the map trying to determine a true definition of what "area of need" would be.

Dr. Smith asked if there was a proposed timeline. Dr. Childs-Beebe responded that she believed they do have a map in place. She is hopeful that within a month or two they would have this finished up. Dr. Smith mentioned, every month that goes by, that we do not have this in place more kids are getting cavities that could have been prevented. Something would be better, even if it has to be tweaked later, than what we currently have. Dr. Childs Beebe agreed.

Mr. Hogan stated that the Board would need to meet again within the next few weeks as the Department inherited the License Qualified Interpreter's by Legislation. They are currently getting organized and appointed; however, their rules are required to be in place by January.

### **President's Report**

Dr. Fincher stated this is his last meeting as President and he wanted to thank his fellow Board members and the Health Department staff for their support. "It has been a real honor for me to serve as president."

### **Director's Report**

Dr. Smith expressed his appreciation for Dr. Fincher; for his interest and passion for public health. He stated that he enjoyed very much working with him.

Dr. Smith reported that we have continued to celebrate or highlight 100 years of public health in Arkansas by a number of different means. We are continuing to have our Public Health Grand Rounds. Dr. Sam Taggart has written a book on the history of public health in Arkansas. That book is in its final stages of revisions and will hopefully be published within a few months.

Dr. Smith gave an update on what happened during the Federal Government shutdown. Dr. Smith commended Ann Purvis for going above and beyond to try and minimize the impact of the Federal shutdown on our staff. "We have close to 1000 staff that is fully or partially funded through Federal sources. The potential impact, not just on the staff but the delivery of preventable health services and public health in the State, could have been very significant. Through very hard work and doing everything possible we were able to keep the number of staff who were actually furloughed for the entire two-plus week period down to about 10. Thankfully we were able to keep services going and did not have an adverse impact.

Dr. Smith stated that the Department had scheduled educational programs over the next couple of days and hoped that that would stimulate thinking and discussion to ultimately serve the public better.

The meeting was adjourned at approximately 11:50 p.m.

Respectfully submitted,

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Nathaniel Smith, M.D., MPH  
Director and State Health Officer