

**QUARTERLY MEETING OF THE
ARKANSAS STATE BOARD OF HEALTH
April 25, 2013**

MEMBERS PRESENT

Clark Fincher, President
Paul K. Halverson, DrPH, Secretary
Miranda Childs-Bebee, D.D.S., President Elect
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.
Tom Jones, R.S.
Jim Lambert (via phone)
Marvin Leibovich, M.D.
Alexander A. Rejistre, DC (via phone)
Catherine Tapp, MPH
Peggy Walker, RN-BD, MSN, CADC
Anika Whitfield, D.P.M. (via phone)
Terry Yamauchi, M.D.

GUESTS PRESENT

Dr. Joe Bates, Deputy State Public Health
Officer
Donnie Smith, Director, Center for Health
Protection
Dr. Nate Smith, Deputy Director for Public
Health Programs
Billy Turplay, Arkansas Dental Association
Dr. Bill Mason, Deputy State Health Officer
Dr. Gary Wheeler, Senior Physician Specialist
Teresa Marks, ADEQ
John Bailey, ADEQ
Bernard Koops, Merck
Bill Temple, ADH
Renee Joiner, ADH
Greg Brown, ADH
Donnie Smith, ADH
Dennis Sternberg, ARWA
Bryan Whitaker, ADH
Philip Adams, Governor's Office
Martin Nutt, ADH
Katherine Hargis, ADH
Becky Adams, ADH
Kerry Krell, ADH
Lori Simmons, ADH
Shirley Louie, ADH
Simon Vo, ABC Nail
Todd Maxson, ADH
Michelle R. Smith, PhD, MPH, ADH
Ann Purvis, Deputy Director for Administration
Robert Brech, CFO
Rick D. Hogan, General Counsel
Reginald Rogers, Deputy General Counsel
Mike Wilson, EOC Technical Manager
Jeanne Sykes, Special Project Manager,
Administration

MEMBERS ABSENT (excused)

John R. Page, P.D.
Mary Beth Ringgold
Joe Thompson, M.D., MPH
Rev. Dwight Townsend

MEMBERS ABSENT (excused)

Patricia Westfall-Elsberry, O.D.

James Zini, D.O.

QUARTERLY MEETING OF THE STATE BOARD OF HEALTH

The April Quarterly Meeting of the Arkansas State Board of Health was held Thursday, April 25, 2013 in the Charles Hughes Board Room at the Freeway Medical Building in Little Rock, Arkansas. It was asked that those members participating by conference call give their names. Jim Lambert, Anika Whitfield, and Dr. Alexander Rejistre responded and Dr. Halverson reported there was a quorum. President Fincher called the meeting to order at approximately 10:00 a.m.

STATEMENT OF SYMPATHY

The Arkansas State Board of Health would like to express our heartfelt sympathy and condolences to the family of Dr. Jim and Judy Zini for the loss of their son Brett. The Zini family will be in our thoughts and prayers and we hope that they will be granted peace and comforted as they grieve at the loss of their dear son.

APPROVAL OF MINUTES

President Fincher entertained a motion for approval of the minutes of the November 8, 2012, quarterly meeting. Mr. Fortenberry made a motion to approve the minutes. Ms. Walker seconded the motion and the minutes were approved as presented.

NEW BUSINESS

**Proposed Revisions to Rules and Regulations
Pertaining to Immunization Requirements**

Gary Wheeler, M.D., Branch Chief, Infectious Disease Branch, pointed out the list of updated corrections to the immunizations sections. Since the last board meeting, there has been public input from the Pharmacy Association leading to minor corrections. Those corrections are highlighted in the pages mentioned. There were also changes recommended by the ACIP that have been corrected. All changes are in compliance with regulations and recommendations of the ACIP. ACIP is a committee of experts in the field of immunizations put together by the CDC to review issues of communicable disease and immunizations on a periodic basis and make recommendations to optimize our immunization schedule. It was asked how many philosophical exemptions were issued last year. Dr. Wheeler stated that the number has been rising over time and that he did not know the exact number, however, he stated that the number is still under 1% of the children in Arkansas. Dr. Wheeler stated that he would be happy to provide a precise number and graphics.

Dr. Leibovich so moved, the motion was seconded and the motion passed.

Proposed Revisions to Rules and Regulations
Pertaining to Communicable Diseases

Gary Wheeler, M.D., Branch Chief, Infectious Disease Branch, stated that this is a single line on page twelve that pertains to adding an additional screening time during pregnancy. The CDC has made the recommendation. The purpose is that a number of women that are screened at the first visit, upon learning they are pregnant, become infected thereafter and have not been checked until the time of delivery. This eliminates the opportunity to treat them during the pregnancy so that the child does not develop the congenital syphilis. Arkansas has ranked in the top five in terms of incidents of preventable syphilis in the United States over the last several years.

The question was asked if there is any way to target the secondary screening or is this recommendation for all pregnancies to have a second screening. Dr. Wheeler confirmed that it is targeted to all pregnant mothers. There was discussion concerning the cost imputations for the roughly 42 thousand plus pregnancies we have each year. Dr. Wheeler, responded that obviously there is an additional fee but cannot produce a figure. There is no current requirement for screening at the time of delivery, although most hospitals and physicians have it done on their own. Dr. Wheeler believes that implies that hospitals and physicians are willing to absorb that cost because of the importance of this issue.

A motion was made, seconded and subsequently carried.

Proposed Amendments to the Hospital Discharge
Data Rules and Regulations

Ms. Lynda Lehing, Hospital Data Section Chief, reported on the Revision Inpatient Emergency Discharge Data Rule Guidelines. Such guides are provided to hospitals with information regarding requirements of submitting hospital discharge data to the Health Department. Ms. Lehing stated that the proposed revisions would follow industry standards. Major revisions include wording and formatting changes to allow for ICD-10 coding when it goes into effect on October 1, 2014. The source of payment coding has been revised to match the Public Health Data Standards Consortium Coding System, which many other states have adopted. Record formats have been revised to provide additional field length for Health Plan ID to accommodate CMS requirements and submission of diagnosis codes, procedure codes and external cause of injury codes. Ms. Lehing respectfully asked for the approval to move forward with this administrative process.

A motion was made, seconded and subsequently carried.

Proposed Revisions to Rules and Regulations
Pertaining to EMS

Mr. Greg Brown stated that, after speaking with Dr. Leibovich, the Proposed Rules in the packet are an unmarked version. Mr. Brown, Section Chief of Emergency Medical Services, apologizes for the mistake and asked to go ahead and give a little information.

He then stated when you receive the marked-up version; you will see a substantial rewrite of the EMS Rules. The EMS Rules have not been changed for at least six or seven years however, there have been many changes in EMS profession. These Rules have been rewritten with the participation and advice of the Ambulance Association, EMT Association, and Governor's Advisory Counsel. This is such a major revision due to extensive revisions to National Guidelines within the last year. These rules are based on national guidelines, which are based on actual evidence-based models. Mr. Brown stated that we are one of the last states in the country to adopt a new EMS scope of practice.

The Arkansas EMS Rules and Regulations were tabled until the next quarterly meeting of the Board of Health.

Ms. Walker asked what information there is on the RSI. Mr. Brown answers by saying; the RSI procedure has been recognized as a national scope of practice baseline and is not considered a clinical study. Arkansas is still under the guidance of the clinical study and we are one of the only states known to Mr. Brown to not adopt it as a National scope of practice.

Dr. Halverson asked Dr. Leibovich to modify the Motion to Table to the next quarterly meeting or until another meeting of officials be called. Dr. Leibovich stated no objection. The Motion to Table to the next meeting called by Dr. Halverson is seconded by Dr. Fincher and approved.

Proposed Adoption of FY14 Trauma System Budget

Mr. Bill Temple, Branch Chief, Injury Prevention, stated that the Trauma System Act requires that the budget be developed with the advice of the Governor's Trauma Advisory Council and the approval of the Board of Health. Extensive work has been done with the Finance Subcommittee, and the Governor's Trauma Advisory Council has approved the budget.

Dr. Leibovich asked Mr. Temple, to consider in the future budgets, a column for what was spent last year and how that compares to this year. Dr. Leibovich also stated that some of the Program Operations could be brought together in the future. Dr. Leibovich stated that the Trauma System Budget must prove that Arkansas has made a difference in trauma or fatality statistics. Dr. Leibovich confirms that \$499,404.09 is not being spent on QIO, Q Source of Arkansas, is the proposed awardee. Mr. Temple stated that the amount budgeted for 2013 Fiscal Year was \$249,404.09 and will be added to the Fiscal Year 2014 of \$250,000.00 on a twenty (20) month contract. The budget will consist of startup costs, such as IT support, etc.

Dr. Leibovich asked Mr. Temple if he sees any potential for ATERF to participate in this process. Mr. Temple agrees that he sees some potential for that and also points out an item in the budget, Trauma System Evaluations, that justifies that the system hire national experts who look at the quality of hospitals. There is not yet an overall state book. These experts will take databases, information from Trauma and EMS registries, hospital discharge, death certificates, etc. In gathering this information, they can prove the effectiveness of the Trauma System more efficiently.

Dr. Leibovich asked that in the future the budgetary abbreviations have some explanation. Mr. Temple also agreed to make those changes.

Mr. Temple asked to pass out a brochure that demonstrates the improvements that have been adopted.

Dr. Eddie Bryant asked if the Scholarships and Injury Prevention were cost effective. Mr. Temple responded that the Legislation specifically requires the Injury Prevention Evaluation in the Trauma System. An example of how the program is cost effective is shown in the Trauma System purchasing 4,800 child passengers seats throughout Arkansas for injury prevention. Every dollar spent on injury prevention converts to about \$14.00 in direct health savings, which does not include the cost per lifetime.

Dr. Leibovich asked about the 20% Enhanced Systems Building Carry Forward Funding, how are Performance Based Incentives awarded and what is the status of the performance of the Trauma System? Dr. Leibovich explained that there are carry overs in both, making it seem like we are not making investments when we intend to, that then leaves free money to be spent in a line of unobligated funds of \$20,000. Mr. Temple answered by stating, yes, there are things in the system that have not yet been conceived and the carry forward money gives the ability to have some discretion to put those things in place.

It was asked if all hospitals are on the hospital alliance or record exchange. Mr. Temple stated he does not know the answer. Dr. Thompson responded in other words you are building capacity inside a trauma system that is the backbone of a healthcare system. Mr. Temple agreed. Dr. Thompson stated that trauma needs to insure that all the pieces that are moving are reinforcing the healthcare system and not building a separate trauma system. Mr. Temple agreed and responds that the data does flow back and forth and is used centrally. Dr. Thompson stated that it is a separate system from the state health information exchange and that it should not be. Mr. Temple explained that the Trauma System operates a number of registries such as the Cancer Registry, the Trauma Registry, etc. and that they are separate but there has never been any intention that the new network being developed would replace those, it is simply that those would be facilitated by the work that has been going on. There are very specific requirements to some registries, such as the immunization registry, which is not something that a general network would have. Mr. Temple agreed that it needs to be reinforced and agreed in the importance of our hospitals being a part of the statewide information system. Regarding the Performance Incentives, we are currently working to rewrite and update the rules to bring them up to the national standard. However, there are still behaviors that the Trauma System would like to see hospitals, EMS, and provider's exhibit that are not appropriate to put into rules. For those, the trauma system would like to offer incentives. An example being the Advanced Trauma Licensing Board, it is not mandated as a rule but is an incentive.

Mr. Harper asked for the Motion to approve and Dr. Leibovich seconded. There was one opposed and Motion was carried.

Local Grant Trust Fund Funding

Mr. Randy Lee, sitting in for James Joiner, stated he is asking the Board to approve the Local Grant Trust Fund Subcommittee recommendation to give Pulaski County an additional \$50,000.00 to complete the project on Southwest Health Facility. The Subcommittee matched the \$50,000.00 with additional \$50,000.00. This would be part of about an \$870,000.00 project that will build a new facility in Southwest Little Rock.

Mr. Fortenberry moved to approve the Motion. Dr. Susan Jones seconded and the motion was carried.

Appeal of Phat Vo, Cosmetology Technical Advisory Committee

Mr. Rick D. Hogan, J.D., MPH, General Counsel, stated that ABC Nail Care has asked for an appeal to the Board from the decision made by the Cosmetology Technical Advisory Committee. When this law was adopted, the Board and the Department absorbed the responsibilities of the Cosmetology Board. A hearing is conducted before the Advisory Committee and then the opportunity for an appeal would go to the Board. Procedurally this has happened in the past, many years ago, but as a procedural matter, it gives Mr. Vo a brief opportunity to make a statement asking the Board to reverse or remand the decision of the Cosmetology Technical Advisory Committee. Mr. Hogan stated his position is to ask the Board to make a Motion to Accept the Proposed Finding of Fact, including Conclusions of Law and Order. The transcript was made available if anyone wished to review it. Mr. Hogan asked the Board to move to accept the recommendation of the Committee.

Mr. Vo, stated that he had not hired Sandy Anh and had not opened his business yet. He stated that he does have a license and does not understand how he could be fined.

Mr. Hogan requests a Motion to Approve the Proposed Findings of Fact and Conclusions of the Law and Order in the matter of ABC Nail Care and Spa.

Dr. Thompson asked Mr. Hogan to confirm the findings given that Mr. Vo contends he was licensed. Mr. Hogan stated the findings are that Mr. Vo utilized Ms. Sandy Anh, who was not a licensed manicurist. The license that Mr. Vo had, as required by the statute, requires it must be posted and that Mr. Vo did not possess or have posted the appropriate license at the time of the investigation.

Mr. Harper moved that the recommendation of the Cosmetology Technical Advisory Committee be approved by the Board of Health. The Motion was seconded and carried unanimously.

Brief Review of the ADH Strategic Plan

Nate Smith, MD, Deputy Director for Public Health Programs stated his presentation is not for approval or action on part of the Board. Dr. Fincher simply asked him to present a brief overview of the ADH Strategic Plan. This is a product of a process that went on for several months in 2011. This has been the strategic road map that has been used by the department. The

overall purpose of the plan is to achieve health improvements and improved health in the face of increasing challenges. Across the top, A, B, C, D, E are five domains, the first two deal with clinical/other services and high burden health issues. Some of the issues that have been targeted include optimizing HIV/STD services, seeing that we have constantly been in the top ten (10) states in terms of the prevalence of reportable STDs. Other issues include strengthening the STAR health initiative, reducing teen birth rates, and implementing electronic health records. In terms of high burden health issues, hypertension was identified as a critical area that is contributing in large part to mortality in this state. Healthy eating, active living, increasing childhood immunization rates and reducing infant mortality have been major points of focus, not just in Arkansas, but also in many states particularly in the South where infant mortality rates are high. Cross-cutting issues include strengthening and integrating health literacy strategies so that efforts are effectively reaching our population.

Dr. Smith also briefly discussed the Statewide Public Health System and Infrastructure. The Health Information Exchange, which is in the process of being built, is something that we are very much a part of and want to be fully integrated with. He highlighted the Public Health Accreditation process, which helps to drive efforts towards quality of organizations and is designed to help the agency partner more effectively and efficiently to accomplish the goals of the first two domains.

Dr. Smith moved onto Resource Acquisition and Utilization, he highlighted expanding third party billing. Many of the services that are provided are reimbursable. However, there is a need to change the model to allow for reimbursement for services.

Next, dropping down to the last two, F and G are cross cutting themes in terms of the Strategic Plan. By capitalizing on health care reform, we create opportunities to improve health, while adapting as an organization to accomplish the goals that are needed to serve the people of this state. Lastly, we are tracking what is being done to demonstrate its effectiveness.

The Board commended the Strategic Map and encouraged a revisit to the changes that have happened in the last two months; more specifically, other agencies. It was mentioned that the Department of Human Services is looking at having 200,000 fewer individuals within the next three years by legislation. That will have dramatic implications for organizational structure. The Insurance Department will also play a vital role in the implantation of the Affordable Care Act. It is mentioned that the annual board retreat meeting in the fall would be a good time to obtain the Board's input in the future planning process.

Issue of Unsafe Injection Practice by Dentist

Gary Wheeler, MD, Branch Chief, Infectious Disease Branch, reports that the Department has investigated allegations of unlawful conduct regarding scheduled drugs by a dentist in Arkansas. The DEA went in to collect the supply of narcotics for purposes of destruction. At that time, it noticed that the seal on several vials of those narcotics had been tampered with. After further investigations by the DEA, there was cause for concern that patients possibly had experienced an infection risk due to the practices of this dentist.

The dentist provided sedation type dentistry. He would visit different offices that did not have the ability to provide sedation dentistry otherwise. There are roughly a half a dozen practices in Arkansas that he visited. It is known based on information in his medical record that he was zero negative for any serious infections such as HIV. However, it was determined that there was an infection risk for patients that may have seen him up to three months before his death. The concern is that he may have injected himself and then either not changed needles and/or placed fluid back into the vials so that no one would notice if any was missing. Dr. Wheeler stated that this is absolutely all hypothetical but was a possibility that could not be overlooked.

Eighty-five (85) patients were notified via certified mail, telephone or any other additional contact information given. Two strategies were taken, 1) to survey each person to make sure they did not have any complications from their surgery, 2) to inquire about the dentist's behavior at the time of the procedure. Blood work was offered at the local health units and is still underway. However all individuals tested to date have had no positive results for Hepatitis C, Hepatitis D, HIV, or Syphilis.

A Board member stated that it is likely that they will encounter a positive not from clinical exposure but from background. Is there a management strategy for that? Dr. Wheeler confirmed that there is. The typical strategy would be taken if that becomes the case. He also noted that most of patients are young Medicaid pediatrics patients.

Dr. Wheeler confirmed it came to the attention of the Health Department because it is a public health risk and surveillance is needed. Dr. Halverson stated that it was a very closely coordinated effort with the Dental Board, Federal and State Agencies, State Police, and others.

Hog Farm Permit Issue in the Buffalo Watershed

Dr. Joe Bates, Deputy Health Officer and Chief Science Officer introduced Theresa Marks, Director of Arkansas Department of Environmental Quality (ADEQ) who gave an informational presentation regarding the Buffalo Watershed.

Director Marks stated that the Hog Farm Permit has been highly controversial. Director Marks stated that Environmental Protection Agency (EPA) regulations were changed in 2003 with revisions resulting from lawsuits in 2008 and 2011. ADEQ began development of their permit pursuant to federal law in 2010. CHA Hog Farm has a general permit that applies to all such operations across the state. Director Marks stated that there is not a facility specific permit, it is an industry permit.

Any CAFO (concentrated animal feeding operation) organizations that want to proceed under the terms of this general permit must send ADEQ a Notice of Intent (NOI) to proceed. Nutrient management plans must meet the requirements of federal law, Practice Standard Codes and the Arkansas Phosphorus Index. A disclosure statement must also be submitted.

This general permit must go through all of the notice requirements that are necessary under regulation for issuing a permit. This general permit went out in draft form and there were six public meetings across the state. ADEQ first received about 80 comments, responses to those

comments were completed, and some changes were made based upon those comments. There was also a lawsuit in the interim, which caused ADEQ to remove the term "potentially discharge." After a second public notice, the permit was finalized in 2011. The CAFO general permit went out to EPA, as they had to approve all comments. It was also provided to other agencies for comment. To be considered a CAFO there are certain criteria that must be met, it must be an animal feeding operation, it must be confined for 45 days or more in any 12 month period and there has to be a lack of vegetation maintained in the confinement areas. Soil sampling, equipment inspections, and use on the land application must be done. There are also 100 foot setback requirements. In addition, if there is a 50% or higher possibility of an event of precipitation you cannot land apply at that time. As part of the permit, there are also requirements on how the ponds have to be designed. One of the big concerns is the fact that people are afraid there is going to be spillage and overflow. Director Mark's stated based on the way this pond has been overbuilt, ADEQ believes it could easily withstand these requirements.

There was a concern that this NOI was not provided under public notice. After working with EPA, ADEQ decided to place the permit on the ADEQ website for thirty (30) days for public comment.

There are two storage ponds at the Hog Farm and the area is located on a little over 630 acres. They anticipate that they will be land applying liquid animal waste about once a quarter.

There are 6 swine farms and 2 cattle farms currently operating in the Buffalo River Watershed. ADEQ has a sampling monitor, in which samples are taken quarterly. ADEQ understands and appreciates that there are very strong emotions on both sides of this issue and are taking into account those concerns. Director Marks felt that the real issue is that this is in the Buffalo River Watershed. She stated that ADEQ has no bases or authority to deny a permit because it is in the Buffalo River Watershed.

It was asked if they can sell the manure or only spread it at the location. Ms. Marks responded that they spread it in at the location. If he sold the manure, that person would have to have a permit for land application. Do you anticipate changing notification? Ms. Marks stated that it has been changed, legislation passed requiring that, for a period of two years, if anyone wants to put in a CAFO they must run an ad twice a week, for six (6) weeks in the local newspaper. There will also be a Stakeholder Group that will be meeting that will have certain members appointed by the Governor, Legislature, etc.

Mayflower Oil Spill

William Mason, MD, Deputy State Health Officer and Chief Science Officer, reported on the Mayflower Oil Spill. On Friday March 29, 2013, around 2:45 p.m. in the North Star Community of Mayflower, Arkansas, a resident heard a noise. She looked outside to see oil spilling from the ground. Within about 90 minutes, the pipeline was shut down and the oil flow stopped. Over that period there were over 5,000 barrels of crude oil spilled throughout the neighborhood. The evacuation of this neighborhood and the twenty two homes that were immediately involved happened very rapidly. These residents were placed in facilities such as local hotels, motels, etc.

Early Saturday morning Emergency Preparedness received a call from the Department's Public Information Officer, Ed Barham. The main concern was the public's health and at that time Emergency Preparedness went to Mayflower and mobilized at the scene.

Unified Command consisted of EPA, the County Judge, and ADEQ. ADH was there as a supporting type of agency to ADEQ and the others. Exxon mobilized an enormous force to cleanup. Shirley Louie, Epidemiology Branch Chief, had at least two people in unified command twelve (12) hours a day. What has transpired over this almost four (4) weeks is that no one has returned to his or her homes. From a public health viewpoint, they are doing an overall health assessment of the individuals in the neighborhood and surrounding areas. The major focus is when these people will be able to return home.

One of the things that has raised attention from this incident is that this aging pipeline runs very close to a stream that enters into the water system of Little Rock. Another rupture of this type at or near a water source could affect 400,000 people.

Dr. Mason also mentioned the incident at Arkansas Nuclear One, in which an individual was killed during a routine change of equipment. Because the Health Department has primary regulatory responsibility, Dr. Mason and his group were very involved in the oversight related to responding to that event. Dr. Halverson thanked Dr. Mason and his staff for their leadership roles in public health; as well as Shirley and the staff that provided an analytic capacity to that group.

Case-Cohort Study of Cancers in Excess in Poultry Workers

Gordon Reeves, PhD, Branch Chief, Analytical Epidemiology, reported this request is to provide a dignitary project between the College of Public Health and the Arkansas Cancer Registry. Dr. Eric Johnson will be conducting the study and is the new Chair of the Department of Epidemiology at the School of Public Health. He brought this study with him and is funded by the National Institute. The study has IRB approval via UAMS and was approved two weeks ago by the Advisory Committee.

Dr. Johnson is assuming a research population of more than forty-six thousand (46,000) people. Thirty thousand (30,000) of those have extensive exposure to biological materials generated in the process of animal slaughter, primarily poultry slaughter processing. Dr. Johnson compared the mortality rates of the group with exposure to the US General Population and the other sixteen thousand (16,000) Union Members that did not have slaughter exposure. There were several types of cancers, including lung cancer; certain types of pneumatic cancers; bladder cancer, etc. The next step in his study is to refine the definition of a cancer diagnosis. The cancer diagnosis that he is working from now is from the death certificate. Those currently tell you lung cancer, etc., but do not tell you the cell type or the histological type. This makes a big difference in the studies, because each histologic type of these various cancers typically has a different cause and effect. He wishes to improve the cancer definition by linking with the Cancer Registry. In addition, he will be conducting interviews of the next of kin to all who are deceased. There is a specific request for the Board to allow matching the deceased cancer cases for Arkansas Workers

with the Arkansas Cancer Registry. In addition, they would like access to biopsy report information.

Dr. Leibovich responded that Dr. Johnson's thesis is biased because his last sentence says "such a study would provide the critical missing evidence to [epidemiologically incriminate] these biases in the occurrence of human cancers." It seemed like he has already made that decision.

Catherine Tapp made the Motion and the Motion was seconded. Mr. Fortenberry opposed and the Motion was carried.

OTHER BUSINESS

Proposes Appointment AR Drinking Water Advisory and Operator Licensing Committee

Martin Nutt, Water Training and Certification Officer, Environmental Health, gave a presentation discussing the Water Advisory and Operator Licensing Committee. They reached out to stakeholders for nominees. The stakeholders they have contacted are Arkansas Rural Water Association, the Arkansas Department of Training Academy, the Arkansas Water Works and Environment Association, and the Arkansas Water and Wastewater Managers Association. The nominees from those are Roger L. Moren, General Manager of Sardis Water Association; David E. Jurgens, P.E., Utilities Director for the City of Fayetteville; and Lance McAvoy, Environmental Manager of Fort Smith Utility.

Mr. Nutt requested that the Board give them an appointment.

The Board asked for Mr. Fortenberry's advice and he responded that he feels they are all excellent nominees and very capable of the job. He stated that on a geographical representation across the state he would nominate Roger L. Moren to this committee. The motion was made, seconded, and carried.

Legislative Update

Mr. Robert Brech gave a legislative update. Healthcare Facilities Smoke Free Law passed, which restricts smoking at Psychiatric facilities. E-Cigarette sales to minors was a struggle but passed, banning the sale of e-cigarettes to youth under eighteen (18). Laboratory and Clinical Services Billing, limiting what could be reimbursed, also passed. Cancer Registry Research did not run this session. Reinstate Minimum Qualifications for Health Officers passed and will go in effect on August 17, 2013. Rabies Vaccination was not filed by the Sponsor, Senator Caldwell. Piercing and Branding passed to tighten up laws regarding non-traditional body piercing. Newborn Screening Panel was changed to broaden language from metabolic disorders to allow for screenings of additional conditions. Lead-based fines passed. Certificate of Health Requirements for school employees to remove TB testing requirements passed. Carbon Monoxide Detectors was repealed. The Governor's office asked to pull EMS Rules and Regulations Signature Requirement, to remove the need for the Governor to sign Rules for EMS. TB – Massage Therapists, removal of the requirement that they be tested for TB, passed.

Athletic Commission is being transferred under the Health Department. The requirement of Birthing Facilities to Perform Pulse Oximetry Screening passed.

Mr. Brech stated next are the Defensive Actions, these are some of items that would affect the public if passed. The big problem was Fluoride, both bills failed. Rep. Altes agreed not to run Homemade Salsa Bill. Raw Milk did pass and was the number one issue. Removal of the Requirement for TB Testing of the Home Health Workers was pulled due to the fact that we actually want that removed but not by statute so that it can be reinstated should the Board deem it necessary. Healthcare Freedom of Conscience Act went into an interim study. Restrooms Available to Individuals was defeated. Human Heartbeat Protection Act gave the Board of Health the responsibility to regulate. Senator Rapert agreed to amend the bill to give the rulemaking to the State Medical Board and it passed. Re-Create The State Board of Cosmetology failed to get a motion. Representative Altes agreed to amend the bill regarding Naturopathy Practitioners, giving licensing authority to the Acupuncture Board. Training Requirements for Compensated In-Home Caregivers was amended to remove the more expensive requirements that would impact the Department and was then passed.

PRESIDENT'S REPORT

Dr. Halverson is moving on with his future, May 7th will be his last day. This week completes eight (8) years of service with the Health Department and the Arkansas State Board of Health. Looking back at 2005, when he assumed the position of Director and State Health Officer, on March 1st of that year then Director, Fay Boozeman was tragically killed in an accident at his farm. The Public Health Lab was in the process of being decertified by CMS and the Health Department was being abolished and folded into the Department of Human Services. Under Paul's leadership, over the past eight (8) years, we have come a long way. Those years have been defined by the list of his accomplishments such as, our modern state-of-the-art, certified laboratory; and restoration and recreation of a free standing independent Department of Health with the commiserate pride and boost of morale brought to over three thousand (3,000) public health employees. When Paul saw a need for improvements in public health he addressed them with twenty-first century solutions, including a modern Trauma System for the state. He led the implementation of the Clean Indoor Air Act for all workplaces and the first primary seatbelt law, helping to save the lives of many teenagers who are often impacted by car accidents. Under his leadership the first Emergency Operations Center was created within the Health Department, with a fully staffed Preparedness Branch with twenty-four hour response to public outbreaks or disasters. He also represented this Board and the State of Arkansas as the President of the Association of the State and Territorial Health Officers and in the process was honored with the McCormack Award for excellence in the field of public health. Paul exemplified what the Board continues to look for in a Director. Dr. Fincher announced, so today we honor your service, Paul, and express our thanks and appreciation. We wish for you and your family only the best going forward as the founding Dean of Richard M. Fairbanks School of Public Health at Indiana University.

DIRECTOR'S REPORT

Dr. Halverson thanked the Board. He stated that it has been an honor to represent the Board as Secretary, Director, and State Health Officer. There are millions of people that depend on the work of this Department and this Board. Most of them will never say, "thank you because I didn't die today, because of something that didn't happen," but the reality is that prevention is so important. This Board has a very solid responsibility to uphold the quality of life obligation. This Board has done that with great pride and it is my pleasure to have represented you. I have also had the great privilege to work with many incredible people who have done great work. Now as I leave, I leave with great pride, terrific enthusiasm and support for the management team that I leave behind. Leaving is hard because we have worked hard to build one of the strongest and most qualified management teams that I know of in the country. I am particularly proud of the new Director, Dr. Nate Smith, he has all the qualities that are important for a Director and I know that he will do a wonderful job carrying forward the work that this Board has been so supportive of over these years. I want again to say thanks to all of you, the Health Department and this Board. Thank you for everything you have done and I look forward to seeing the great accomplishments in the future.

President Fincher asked if there is any other business to come before the Board. There being none, he then stated following the meeting there will be lunch at the Health Department and followed by that a tour of our first class lab and hopes that everyone will join us.

There was a motion to adjourn and the meeting was adjourned at 1:01 p.m.

Respectfully submitted,

Paul K. Halverson, DrPH, FACHE
Director and State Health Officer