

**MEETING OF THE  
ARKANSAS STATE BOARD OF HEALTH  
July 25, 2013**

**MEMBERS PRESENT**

Clark Fincher, President  
Nathaniel Smith, M.D., MPH, Secretary  
Miranda Childs Bebee, D.D.S. President-Elect  
Lawrence Braden, M.D.  
Glen "Eddie" Bryant, M.D.  
Alan Fortenberry, P.E. (via phone)  
Larry Fritchman, D.V.M.  
George A. Harper, J.D.  
Anthony N. Hui, M.D.  
Thomas Jones, R.S.  
Jim Lambert (via phone)  
John R. Page, P.D.  
Mary Beth Ringgold  
Catherine Tapp, 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  
Donnie Smith, Director, Center for Health Protection  
Ann Purvis, Deputy Director for Administration  
Robert Brech, CFO, ADH  
Rick D. Hogan, General Counsel, ADH  
Reginald Rogers, Deputy General Counsel, ADH  
Elizabeth Pitman, Deputy General Counsel, ADH  
Leslie Lovett, Arkansas Board of Health Liaison  
Mike Wilson, EOC Technical Manager  
Shirley Louie, ADH  
Randy Lee, ADH  
Lynda Lehing, ADH  
Jeff Stone, ADH  
Glenn Greenway, ADH  
Kelli Kersey, ADH  
John Senner, ADH  
Naveen Patil, ADH  
Robert Hopkins, Jr. MD, FACP, FAAP, UAMS  
Bob Higginbottom, ADH  
Dirk Haselow, ADH  
Rachel Gicquelais, ADH  
Xaiver Heard, ADH

**MEMBERS ABSENT (excused)**

Susan Jones, M.D.  
Marvin Leibovich, M.D.  
Alexander Rejistre, Sr., D.C.  
Joe Thompson, MD, MPH  
Rev. Dwight Townsend

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

The July Quarterly Meeting of the Arkansas State Board of Health was held Thursday, July 25, 2013 in the Charles Hughes Boardroom at the Freeway Medical Building in Little Rock, Arkansas. President Fincher asked those members participating by conference call to give their names. Alan Fortenberry, Jim Lambert, Peggy Walker, Dr. Patricia Westfall-Elsberry and Dr. James Zini responded. President Fincher then 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 April 25, 2013 quarterly meeting. Dr. Zini made a motion to approve the minutes. Dr. Page seconded the motion and the minutes were approved as presented.

President Fincher entertained a motion for approval of the minutes of the May 29, 2013 meeting. Dr. Zini so moved to approve the minutes. Peggy Walker seconded the motion and the minutes were approved as presented.

### **OTHER BUSINESS**

#### **Update on Adult Immunizations**

Robert H. Hopkins, Jr., MD, FACP, FAAP, Professor of Internal Medicine and Pediatrics; Director, Division of General Internal Medicine; Program Director, Med-Peds Residency at UAMS, provided an update on adult immunizations via a PowerPoint presentation. All members were emailed a copy of the slides after the meeting.

Dr. Hopkins' presentation summarized the current recommendations for adult immunizations and gave informative data on where we stand as a nation and as a state. This was important information because vaccine-preventable diseases primarily occur in adults, not in children. However, much of our focus on immunizations over the last decade has been on children. Vaccine coverage for adults is sub-optimal and if we can increase those coverage rates we can benefit the health of Arkansans. There are tens of thousands of deaths a year, hundreds of thousands hospitalizations, millions of new infections and billions of preventable health care costs due to vaccine-preventable diseases. Estimates from the CDC find that the cost is in excess of ten billion dollars per year.

Dr. Hopkins stated, "looking back at the successes, Smallpox, Diphtheria, Measles, etc., many of the diseases that you have heard of, as you can see, we have had a dramatic increase in incidents in these diseases from the 20<sup>th</sup> Century Annual Morbidity. Therefore, we are making an impact but we can do better than where we stand today."

Breaking it down even further, influenza had 200,000 hospitalization and 36,000 deaths a year. The vast majority was in our elderly population. Invasive Pneumococcal Disease reported about 44,000 cases and 4,500 deaths a year. This again shows higher rates in elderly patients, African

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Americans and persons with comorbidities. Hepatitis B (HBV) reported 51,000 infections, between 2,000-3,000 deaths and 1.25 million chronic HBV infections in this country today. Human Papillomavirus (HPV) reported 6.2 million new infections a year. The vast majority of cervical, anal, head and neck cancers are associated with HPV infections. Pertussis (whooping cough) reported outbreaks in California. When you look at the incidents, we have as much, if not more, than most states. Shingles was reported at over one million cases per year. Our lifetime risk is about 1:3. A slide of the 2013 Adult Schedule (by age) and the Adult Immunization Summary were produced to show further detail.

Reasons patients are not vaccinated are: they think that they are healthy and don't need it, they don't know about the disease vaccines, and, unfortunately, many times doctors do not recommend it. According to a November 2010 survey, doctors and patients are not hearing one another. Eighty-seven percent (87%) of the physicians surveyed said, "I talk to my patients about vaccines." However, only eighteen percent (18%) of patients surveyed said, "yes, I regularly discuss vaccines with my health care provider." Approximately thirty of the patients said, "I occasionally talk to my health care provider," and a significant number said, "I don't ever recall discussing vaccines."

Some of the practice barriers include recommendations, vaccine availability, access and cost to providers and patients, and an information shortage; many patients do not know what they have been vaccinated for or what they need; and there is a lack of transparency between vaccinators and the registry entry of adult data is scant.

Next were break downs of rates by each of the following categories: vaccine, population, sample size, rate, disparity and trend from adults and health workers. The rates of health workers are even lower than they should be. They should be at ninety percent (90%) or above. In comparison to national rates of Influenza and Pneumococcal vaccination, Arkansas adults reported influenza vaccination rate is unchanged. There are small improvements in rates for pneumococcal immunizations but it is still very far from where it needs to be.

Across different age groups and different risk populations, Arkansas rates are fairly similar to the national rates. The potential solution is to educate the public, the providers and the stakeholders. The mandate from the Affordable Care Act, guarantees first dollar coverage for ACIP recommended vaccines and other recommendations that are rated A or B. Also, the new Arkansas Department of Health Immunization Registry and SHARE will help to pass some of the information and allow us to vaccinate more appropriately. This includes encouragement for team-based immunizations, such as involving all staff to become involved with vaccinations. Another example is practicing partnerships across the community, such as between the physician's offices, pharmacies, ADH, etc.

President Fincher thanked Dr. Hopkins and asked if there were any questions.

Dr. Smith stated that the provision for payment is a huge thing with the health services being covered without co-pays under the ACA. He also stated that a lot of doctor's offices that care for adults do not stock vaccines because the demand is so low for those vaccines. Therefore, how do

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we move to put into place the infrastructure to get vaccines to providers, once it is available to the majority of the citizens without cost?

Mr. Hopkins suggested that the AR Immunization Action Coalition, UAMS Staff, and others begin talking, getting people up to speed and informing them of the recommendations, so that providers and communities know what is covered under the ACA Mandate. Also, letting providers know that there is a provision, not only to cover the vaccines, but to also provide vaccine administration fees will help with the worry of financial costs.

Dr. Smith stated the local health units are recognized as a source for childhood vaccinations and people in the community know to go there but that may not be the case for adults. Dr. Smith then asked, "should the health department be ramping up to try and position itself for that, or do you perceive the need being taken care of by the traditional sources of health care?"

Mr. Hopkins responded, yes, there is going to be a need with the increase in opportunity to vaccinate our adults in the state. This is going to take a community effort.

Dr. Bryant asked, "if these providers order excess vaccines and those vaccines are not used, is there a way to turn in the left over vaccines?"

Dr. Hopkins responded that there have been some efforts through the National Adult Immunization Summit and the National Influenza Summit to try and get providers, distributors and manufactures to the table to talk about some of these very important issues. The beginnings of some of those collaborations are happening now. This past year, two of the manufacturers for influenza vaccines put in a return policy. This is the first time they have done that since 2003. There is also now a process where providers can enter information about adult vaccines availability in their clinic, and that information will show up on a national map that is run through the Immunization Action Coalition of Minnesota.

Dr. Yamauchi stated that he had been out talking with manufacturers and they say that numbers are not up on the amount of vaccines being purchased. So we are talking about "ramping-up" and the issue is still the providers are seeing reductions in the money for vaccines. He asked how are we going to handle that? Is there some way to mandate more?

Dr. Hopkins responded that he believes that it is a combination of factors. Some of the vaccines we are seeing are increasing more than others, such as the influenza vaccine. Many of the other adult vaccines numbers are flat or down slightly. Many of the providers outside of Little Rock have said that until it gets a little closer and they are sure they are not going to have a step backwards in some of these mandates, that they are cautious about increasing their orders. We must continue the information flow both on the benefits and the coverage side but also what is appropriate for patients.

President Fincher made the comment that when last year physicians' offices had left over vaccines they would not order as much as the previous year, particularly if they lost money on the residual. Also, people may be conservative in ordering because of the increase of the providers that are giving vaccines that in the past were not.

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Dr. Hopkins reiterated that all physicians, pharmacies, etc. need to take a community approach. This insures that we are “right-sizing” our immunization program, making sure that we are giving the right vaccines to the right patients and transmitting that information back and forth between the providers.

Dr. Smith stated that the health department is also able to move vaccines around, to some extent, by partnering with local practices in cases where there is not a private provider.

There were no other questions or comments and President Fincher thanked Dr. Hopkins.

Next, President Fincher welcomed Dr. Nate Smith as the Acting Director and Secretary of the Board.

## **OLD BUSINESS**

### **Final Approval of the Lead Free Revisions to the 2006 State Plumbing Code**

Bob Higginbottom, Director, Protective Health Codes, asked permission to seek the Board’s final approval for rule adoption for the purpose of changing two sections of the Arkansas Plumbing Code. These adoptions would reduce the lead amounts along the wetted surfaces carrying drinking water.

The motion was made by Dr. Page, seconded by Dr. Zini, and was carried.

### **Proposed Adoption to the Rules and Regulations Pertaining to Controlled Substances**

James Myatt, P.D., Branch Chief, Pharmacy Services Branch, Center for Health Protection, asked the Board to adopt the amendments to the Rules and Regulations for controlled substances.

There were no questions. President Fincher entertained a motion for approval. A motion was made by Dr. Whitfield and seconded by Dr. Childs Bebee. The motion carried.

### **Final Report on Rules and Regulations Pertaining to Arkansas Prescription Drug Monitoring Program**

James Myatt, P.D., Chief, Pharmacy Services Branch, Center for Health Protection stated that the Rules and Regulations for Prescription Drug Monitoring were scheduled for review by the Rules Subcommittee on July 15, 2013.

Mr. Hogan stated the information was provided for informational purposes and there was nothing for the Board to do at that time.

**Proposed Final Adoption of the Hospital  
Discharge Data Rules and Regulations**

Lynda Lehing, Section Chief, Hospital Data, stated that all steps of the administrative process have been completed for adoption of the amendments to the Rules and Regulations pertaining to Hospital Discharge Data System. She then requested adoption of those rules.

A motion was made by Dr. Page and seconded by Dr. Hui. Dr. Fritchman opposed and the motion carried.

**Proposed Revisions of Rules and Regulations  
Pertaining to the Management of Medical Waste**

Shirley Louie, Branch Chief, Epidemiology, and Reginald Rogers, Deputy General Counsel, reported that these rule amendments have gone through the administrative procedures and been reviewed by the legislative committees, and that only one public comment was received. Mr. Rogers asked the Board to approve the final adoption of the amendments.

Dr. Bryant asked what the comment was. Mr. Rogers stated there was a comment about the change to medical waste being weighed. Dr. Bryant asked isn't that done already? Ms. Louie stated that they are weighed as the disposer will be charged by the pound. However, they do not tell the people they pick the waste up from how much waste is there. They report on the number of containers or drums, which are very inexact definitions and descriptions. She stated they are requiring that the disposer tell the people that they pick it up from how many pounds it actually is.

Mr. Rogers stated this will be very helpful in oversight, and as the Board is aware; we have had some issues with certain transportation.

Dr. Fritchman asked about the veterinary waste. As far as surgical parts, i.e. spade, neuter, for example are you considering that medical waste? And is that being required to be disposed of accordingly?

Ms. Louie stated that the new revisions only pertain to when the veterinarian knows that waste comes from a procedure where the animal for instance has a condition that is a zoonotic disease, something that is transmitted from animals to humans.

A motion was made by Dr. Whitfield to approve the adoption of the rules, seconded by Dr. Braden, and the motion carried.

**Proposal to Repeal the Rules and Regulations Pertaining to  
Frozen Foods in Retail Stores, Shellfish, Frozen Food Locker  
Plants and Food Stores, Markets, and Warehouses**

J. Terry Paul, R.S. Environmental Health Branch Chief, reported these are Rules that have been rolled into the new food code along with the Process Manufacturing Rules and Regulations.

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Therefore, there is no need for them and because of that they are requesting they be repealed in one motion.

Mr. Harper made the motion. Dr. Childs Bebee seconded and the motion carried.

## **NEW BUSINESS**

### **Proposed Appointment to the State Committee of Plumbing Examiners**

Bob Higginbottom, Director, Protective Health Codes, stated that the Board appoints the State Committee of Plumbing Examiners. There are two members whose terms are going to expire in August. The staff is recommending that Mr. Courtney Swindler and Mr. Kenneth Harper be reappointed for another four-year term.

Dr. Whitfield asked if both are willing to serve. Mr. Higginbottom responded, yes they are willing to serve. A motion to reappoint Mr. Swindler and Mr. Harper was made by Mr. Jones and seconded by Dr. Hui. The motion passed.

### **Proposed Revisions to Rules and Regulations Pertaining to the List of Controlled Substances for the State of Arkansas**

James Myatt, P.D., Branch Chief, Pharmacy Services Branch, Center for Health Protection, proposed revisions to the Rules and Regulations to follow the federal and state schedules.

A motion was made by Dr. Page and seconded by Dr. Whitfield. The motion carried.

### **Proposed Revision to Rules and Regulations Pertaining to Communicable Diseases**

Naveen Patil, M.D., Medical Director-TB, stated the proposed changes are to exclude the home health agencies workers to be tested for tuberculosis.

A Motion to approve the revision was made by Dr. Smith and seconded by Dr. Hui. The motion was carried.

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

Connie Melton, MBA, FACHE, Section Chief, Health Facilities Services, asked the Board to repeal the Rules and Regulations for Health Maintenance Organizations (HMOs). Act 1433 of 2013 transferred the regulatory requirements of HMOs to the Department of Insurance and eliminated references to the Department of Health. Therefore, approval to proceed with the Administrative Rules Process was requested.

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Dr. Harper asked Ms. Melton if she was comfortable that the Insurance Department will be looking at the same quality of care in issues.

Ms. Melton responded that she had not had any discussions with the Insurance Department but perhaps others have.

Mr. Hogan mentioned that he had copies of the act for the Board. He stated that it appears the same requirements are implemented and the current law was just moved to the Insurance Department.

Dr. Bryant asked if there was a procedural agreement and Mr. Hogan responded, yes.

A motion was made by Dr. Fritchman and seconded by Mr. Harper. The motion passed.

**Proposed Recommendations for Member Appointment  
to the Cosmetology Technical Advisory Committee for 2013-2015**

Renee Mallory, Branch Chief, Health Systems Licensing and Regulations reported that before the Board are the recommendations for the seven-member Cosmetology Technical Advisory Committee. All current members expire in August. All new members will serve from 2013-2015. It is the responsibility of the Board to approve those members. With that, considerations of those recommendations were requested.

Dr. Bryant made a motion to approve the members as recommended. Mr. Jones seconded and the motion carried.

**Local Grant Trust Fund Funding**

Randy Lee, Director of Local Public Health asked the Board's approval of the Local Grant Trust Fund Subcommittee's recommendation adding \$50,000.00 to Sevier County Health Unit, to which \$185,000.00 was previously awarded.

Dr. Fritchman mentioned that Sevier County did cut as much as possible.

A motion to approve the recommendation was made by Dr. Whitfield and seconded by Dr. Childs Beebe. The motion carried.

**Proposed Rules and Regulations Pertaining to  
Dental Hygienists Serving Underserved Areas**

President Fincher stated that the Proposed Rules and Regulations Pertaining to Dental Hygienist Serving Underserved Areas would be tabled until the next meeting.

**Proposed Rules and Regulations Pertaining  
to Public Water Systems**

Jeff Stone, P.E., Director, Engineering Section, Environmental Health Branch requested approval to proceed with changes to the Rules and Regulations Pertaining to Public Water Systems. The changes are for two purposes: first, the Rules and Regulations enforce the Safe Drinking Water Act in Arkansas by reference. Those Rules by reference must be dated later in time than the publication dates of the federal rule. A revised Total Coliform Rule was issued by the federal government pertaining to how, when, and under what circumstances the water systems take bacteriological samples, re-dating of the Rules and Regulations will allow us to do that. Secondly, similar to the lead limitations that prompted revisions of the state plumbing code; those limitations also apply to components that are used in the public drinking water systems. Therefore, changing the regulations to specify the correct Nation Sanitation Foundation Certification ensures compliance of those low lead requirements.

Mr. Harper asked if we adopt the federal standards and there are changes again in the federal standards will we have to start all over. Mr. Stone responded that every time changes have been made to the federal regulations we have re-dated state regulations.

A motion was made by Mr. Fortenberry, and seconded by Mr. Jones. The motion carried.

**Proposed Finding of Fact, Conclusion of Law and Order  
to Watson Chapel Water Association**

Reginald A. Rogers, J.D., Deputy General Counsel, reported on the Proposed Findings of Fact, Conclusions of Law and Order to Watson Chapel Water Association. The Administrative Hearing Committee met earlier this year regarding Watson Chapel's lack of efforts to fluoridate. The Hearing concluded that they were in violation and had not shown efforts to be compliant.

Subsequent to the meeting with the committee they have now made efforts and staff believes that we should hold this in abeyance and continue it on until the next Board meeting to ensure they continue those efforts.

Dr. Smith asked Mr. Rogers to explain what they have done so far to show evidence of forward process.

Mr. Rogers responded that Watson Chapel Water Association has submitted an engineering plan, cost estimates and fluoridation plans to Delta Dental. He stated that Mr. Greenway, who is part of the committee, is here and can give details if needed.

No other questions were asked and a Motion was made by Mr. Fortenberry to table this action for a continuation until the next meeting. Mr. Jones seconded and it was tabled.

**Proposed Finding of Fact, Conclusion of Law and Order to Danville Water Department**

Reginald A. Rogers, J.D., Deputy General Counsel reported the Danville Water System is not in compliance with the Rules Governing Public Water Systems, Water Operating Licensing, the Safe Drinking Water Act, the Primary Drinking Water Act and the Arkansas Fluoridation Law. The committee gave Danville Water some time show their efforts and they did. With that we would like to table this matter until the next Board meeting to ensure they continue their efforts.

Mr. Fortenberry approved a motion to table to the next meeting and Dr. Zini seconded. The motion carried.

**Proposed Finding of Fact, Conclusion of Law and Order to Louie Nine Fingers**

Reginald A. Rogers, J.D., Deputy General Counsel stated the Administrative Hearing Committee met considering the matter or lack of payment of permit fee in the amount of \$205.00. The Committee recommended closure. However, Louie Nine Fingers has closed. Therefore, this matter is concluded.

**Proposed Amendments to the Rules and Regulations Pertaining to the Immunization Registry**

Proposed Amendments to the Rules and Regulations Pertaining to the Immunization Registry was postponed until the next Board of Health meeting.

**President's Report**

President Fincher stated that the next Board of Health Meeting would be the Retreat held at the Winthrop Rockefeller Institute Center. The Department, particularly Dr. Bates, puts together a very educational program in addition to the quarterly meeting.

Dr. Bates added the retreat would be held on October 24<sup>th</sup> and 25<sup>th</sup>.

**Director's Report**

Dr. Smith highlighted some efforts at the Department that do not generally come before the Board. Particularly efforts to develop an information infrastructure to serve the people of Arkansas in the future. The biggest project this year has been implementing electronic health records in local health units. He also mentioned that will really transform the way the Department does business and the way it is able to serve the people of Arkansas. As well as a system of public health that is moving more towards reimbursable services that will allow us to bill for those services that are provided and make our program more sustainable. Dr. Hopkins also alluded to the new Immunization Information System; we are calling it that opposed to a registry because the capacity of this new system is greatly expanded over a traditional registry. Another very large project is in the continued progress of Vital Records becoming electronic to serve the people more seamlessly and reduce the time that it takes to get Vital Records. Lastly,

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he highlighted the Department's partnership with SHARE, working with them to develop a common portal to where providers, particularly hospitals don't have to interface with multiple registries. Hopefully this improves the timeliness and completeness of reporting across a variety of our programs.

As for other announcements, Rick Hogan introduced two new employees to the Department: Leslie Lovett, Board of Health Liaison, and Elizabeth Pitman, Deputy General Counsel.

The meeting was adjourned at approximately 11:30 p.m.

Respectfully submitted,

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