

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

April 27, 2017

MEMBERS PRESENT

Terry Yamauchi, M.D., President
Catherine Tapp, MPH, President-Elect
Nathaniel Smith, M.D., MPH, Secretary
Perry Amerine, O.D.
Gary Bass, Pharm.D.
Greg Bledsoe, M.D.
Glen "Eddie" Bryant, M.D.
Miranda Childs-Bebee, D.D.S.
Clark Fincher, M.D.
Alan Fortenberry, P.E.
Beverly Foster, D.C.
Anthony Hui, M.D.
Lee Johnson, M.D.
Susan Jones, M.D. (via phone)
Thomas Jones, R.S.
Jim Lambert
Robbie Thomas-Knight, Ph.D.
P. J. Walker, MSN, CADC (via phone)
Susan Weinstein, DVM
James Zini, D.O.

MEMBERS ABSENT (Excused)

Lawrence Braden, M.D.
Anika Whitfield, D.P.M.

GUESTS PRESENT

Joseph Bates, M.D, Deputy State Health Officer
Ann Purvis, Deputy Director Administration
Stephanie Williams, Deputy Director for Public
Health Programs
Namvar Zohoori, MD, Deputy Chief Science
Officer
Robert Brech, General Counsel
Reginald A. Rogers, Deputy General Counsel
Brooks White, ADH Administrative Law Judge
Renee Mallory, Center Director for Health
Protection
Mike Wilson, EOC, Technical Manager
James Bledsoe, M.D., Chief Physician Specialist
Dr. William Mason, Branch Chief, CHP
Don Adams, Director, Center for Local Public
Health
Christy Sellers, Director, Center for Health
Advancement
Terry Paul, Environmental Health Branch Chief
Jeff Stone, P.E., Director Engineering Section
Robin Michaels, Engineering Section
Martin Nutt, Environmental Health
Dr. Richard McMullen, ADH Senior Scientist
Dr. Glen Baker, Director, Public Health Lab
Steve Carter, Chief Financial Officer
Xavier Heard, Director, Human Resources
Appathurai Balamuruga, M.D., State Chronic
Disease Director
Connie Melton, Branch Chief, Health Systems
Licensing & Regulation
Shirley Louie, Director, Center for Public Health
Practice
Warren Bankson, Sr. Project Leader IT
Michael Kincaid, Chief Information Officer
Haley Ortiz, ADH Health Policy Director
Marisha DiCarlo, Ph.D., Director Health
Communications
Meg Mirivel, Public Information Specialist
Katie White, Public Information Specialist

Haley Keene-Gray, Health Policy Director
Leanne Tucker, ADH Sharon Ashcraft, ADH
Women's Health
Rhonda Kitelinger, RN, ADH Women's Health
Joni Yarnell, ADH Women's Health
Dr. Richard Nugent
Tammie Marshall, Nursing Program Coordinator
Vicki Meyer, Nursing Program Coordinator
Alva McDowell, RN., Medical Marijuana
Joy Gray, Medical Marijuana Section Chief
Hannah Ray, Governor's Office
Shea Childs, Midwifery Advisory Board
Kim Jacob, Midwifery Advisory Board
Mary Alexander, Midwifery Advisory Board
Deb Phillips, CPM, Ark. Assoc. of Midwives
Sue Tedford, ASBN
Meghan Moore, Genentech
Jeff Tabor, ATCC
Robert Trowbridge, ATCC
Stacy Golmon, Consumer
Kesha Chiappinelli, Consumer
Elicia Dover, Channel 11 News
Andy Davis, Arkansas Democrat-Gazette
Nancy Cox, Legal

MEETING OF THE ARKANSAS STATE BOARD OF HEALTH

The quarterly meeting of the Arkansas State Board of Health was held Thursday, April 27, 2017, in the Charles Hughes Board Room of the Freeway Medical Building in Little Rock, Arkansas. The meeting was called to order at approximately 10:00 a.m. with Dr. Susan Jones and Ms. Peggy Walker participating by teleconference.

APPROVAL OF MINUTES

President Terry Yamauchi entertained a motion for approval of the January 26, 2017, Quarterly Meeting minutes, and the Special Meeting minutes of the Lay Midwifery in Arkansas Subcommittee of March 29, 2017. Dr. James Zini made a motion to accept the minutes. Dr. Gary Bass seconded the motion. The motion passed and the minutes were approved as presented.

Dr. Nate Smith announced that the Arkansas Department of Health had recently brought on its first Environmental Health Scientist, Dr. Richard McMullen. Dr. Smith stated this had been a goal of his for some time, so as to raise our capacity as a state to deal with environmental public health issues.

Ms. Stephanie Williams thanked the Board for the opportunity to introduce Dr. McMullen. Dr. McMullen will be a member of our senior staff. He has a Ph.D. from the University of Arkansas and his emphasis has been in soil chemistry. He has been doing a great deal of work with soil conservation and is very familiar with soil morphology in the northern half of the state.

OLD BUSINESS

Final Adoption of Proposed Rules and Regulations Governing Medical Marijuana Registration, Testing, and Labeling In Arkansas

Mr. Robert Brech, General Counsel, introduced Mr. Brooks White, our new attorney in the Legal Division.

Mr. Brech presented conditional changes to current medical marijuana regulations. The term “proficiency testing” would be deleted from the draft. There would be no requirement for the policy to be in any other language than English. The final draft would change “cultivation center” to “cultivation facility” throughout the policy. Regarding the constitutional deadline of May 8th, the conditional proposed changes would be brought before an executive committee because the legislature closes on May 1st. The rules must be approved by the committee to go before the next legislature to meet such deadline. Motion made by Dr. Anthony Hui for conditional approval of changes, seconded by Dr. Susan Weinstein, and motion carried.

NEW BUSINESS

Proposed Revisions to the Rules Governing the Practice of Lay Midwifery in Arkansas

Dr. Namvar Zohoori, Deputy Science Officer, presented changes regarding the licensing of lay midwifery (LLM). Major modifications made were to increase professional training and practice, patient autonomy on the decision making process, and refine the scope of practice. Changes include a revised age requirement of 21 years, mandated certification by North American Register of Midwives (NARM), and NARM overseeing the apprenticeship program and providing examination. Licensing will change from two (2) years to three (3) years, in accordance to the Certified Professional Midwife (CPM) certification. These changes would allow for grandfathering of current midwives, although they will be encouraged to become CPM certified. It will also allow current apprentices working with midwives to become licensed. However, during renewal they will be required to sit for the examination in accordance to CPM certification.

Currently, there are no regulations for patient refusal of testing and procedures to remain in the care of a LLM. Revisions would provide for informative use of most tests, procedures, and treatments. Certain conditional requirements preclude care of LLM, which is based on a tiered system dependent on the certification of LLM, as well as conditions that may require immediate transport not be refused. LLM that are CPM certified will be allowed to continue care of patients that refuse certain testing, treatments, or procedures. LLM that are CPM certified and have the optional BRIDGE certification will be allowed to care for patients that refuse any testing and procedures. LLM that do not have either CPM or BRIDGE certification will not continue care for mothers that refuse testing and procedures. Revisions will provide a required standard, informed refusal and disclosure forms.

Other changes regarding the composition of the Midwife Advisory Board would not require an obstetric physician. They would release the vacancy to a member-at-large that may or may not be an obstetric physician.

Revision for medication given by LLM would allow for topical medications, such as benzocaine, to be administered to the patient and allow the LLM to act as an agent of the mother to administer other topical medications, such as Vitamin K.

Dr. Zohoori stated the rules of licensing had not been changed since 2008 and many questions regarding the regulations prompted the changes, not a public health issue. Changes were also made regarding to formatting and study procedure for midwives. The revisions provided clarity and reduced loop holes in the regulations. It would allow for Arkansas to be up to date with the regulations in other states and possibly more advanced in licensing requirements.

According to Dr. Clark Fincher, LLM are the least regulated in the profession as they do not have any prerequisites for education or training. He stated that home deliveries are more dangerous when performed by LLM, which have shown poor performance, higher infant mortality, delay in emergency transfers and danger to the mother, along with the practice outside the standard of care. Dr. Fincher believes these revisions would provide more clarification/certification for a licensed lay midwife.

Dr. Zohoori introduced Ms. Mary Alexander, Chair of Midwifery Advisory Board. Ms. Alexander stated the Midwifery Advisory Board, while not in total agreement to the changes, approved the proposed draft. Along with the Arkansas Association of Midwives, she agreed these regulations mark a step toward better communication with the Department of Health. She believes there is a misnomer in the statute in naming of licensed lay midwives, as they are licensed and regulated; she therefore rejects the label of a "lay" midwife.

Ms. Catherine Tapp requested further explanation of the apprenticeship program and what it entails. Ms. Alexander clarified that it is a direct entry program. While LLM do not have to be nurses, it does require they apprentice with a preceptor that is qualified for that position. Also, they must follow them through their clinical practice. Additionally, they are required to sit for the NARM and state exams.

Dr. Fincher explained there should be a distinction of a LLM and lay midwife versus a nurse midwife. This would clarify to the public there is a medical certification for a nurse midwife or an obstetric physician, rather than no medical certification for a LLM. He requested clarification if a degree is required for a LLM. Dr. Zohoori stated while a high school degree is required, there is no college requirement.

Dr. Beverly Foster explained the regulations would elevate the practice and standard of care for the profession. She stated she represented 3 groups most affected by the practice of midwifery which are African Americans, Native Americans, and women in general, as it is a woman empowerment issue. She motioned for approval of the revisions.

Dr. Zini, Chair of LLM Committee, believes the proposed regulations are outlined better than previous regulations. He commended the advisory committee for working well with the ADH to raise the bar regarding regulations for LLM. It provides clearer educational requirements, more training and certification, adequate safety for the patient and procedures during an emergency.

Mr. Reginald Rogers clarified this was a vote to initiate the administrative procedure process to introduce the new regulations. It will start the procedure of going before the legislature committees and receive public comments on the proposal.

Although the revisions are beneficial and he will endorse the changes, Dr. Fincher stated again that home deliveries have been proven to be more dangerous and have a historical high rate of infant mortality. Dr. Zohoori clarified the rules and regulations are directed toward healthy mothers that intend home births. Testing would help rule out high risk individuals that should not have a home birth.

Ms. Keisha Chiappinelli, consumer of midwifery, stated some of the studies of mortality rates are based on the practice of unlicensed midwives. Arkansas has an increasing rate of primary cesarean births, toward 40%, which could lead to more danger during birth and in the future. Additionally, mothers and midwives prepare an alternative plan in the case of an emergency during home births.

Dr. Bass addressed he would like a process of recording outcomes of home births to the department. Dr. Zohoori stated there will be a statistical report of outcomes given in the next section.

Dr. Robbie Thomas-Knight questioned how a consumer would know if a midwife is licensed. Dr. Zohoori explained there would be a section included for advertising presented to the mother when they sign off on a standard disclosure form. The LLM would be required to go over their credentials, which would be spelled out to the patient. It would have to be disclosed that the midwife is licensed therefore; here is an importance in the title given to a LLM under the rules and regulations.

Motion to accept the modifications to move forward was made by Dr. Foster, Ms. Walker seconded and motion carried.

Midwife Advisory Board appointments were presented by Ms. Rhonda Kitelinger, Maternity Nurse Program Coordinator of Women's Health at Arkansas Department of Health. She first clarified the ADH held an online list of licensed and apprenticed midwives in Arkansas. There are four applications of appointments: one (1) consumer position, two (2) LLM positions, and one (1) certified midwife position. These appointments have been reviewed and approved by the Midwife Advisory Committee. The members are appointed for a five (5) year term and would expire in 2022. There was no nomination for a physician appointment at this time. Motion of acceptance of appointments was given by Dr. Zini, seconded, and carried.

A question presented to Dr. Smith if there was a physician in place to give advice to the committee? Dr. Smith stated Dr. Mike Riddell, board certified OB-GYN is on staff to give counsel to the advisory board.

Statistical report On midwife outcomes given by Ms. Joni Yarnell, CNM coordinator for the Licensed Lay Midwife Program, referred the most recent dated material as of 2015 corrects errors made on previous pages. In 1986-1997 different outcomes were monitored and recorded until a new set of outcomes originated after the 1998 regulations and rules came into place and new information was collected. In the graph of the most recent years the definition of anti-partum referrals is inaccurate with the total number. One mother may have several referrals made during her pregnancy so adding up the columns will not reflect an accurate total of cases. The definition of live births refers only those born at home and not at the hospital. Additional changes will be provided if the new rules are adopted. This information only includes births performed by LLM, not unlicensed midwives. Dr. Fincher commented even with the statistics presented, there is inherent danger with home births versus hospital births.

Dr. Susan Weinstein asked how the data is reported. Ms. Yarnell reported they receive the data from each individual midwife that completes a form approved by department. They must send in the form by the 10th of the month. The committee shall receive monthly reports. Additionally, they must complete a form if there is a complication during pregnancy, labor, or birth. That is also required to be submitted by the 10th of the month following the event. Statistical analysis report presented by Ms. Yarnell; no vote required.

Proposed Revisions to Onsite Wastewater Rules and Regulations

Mr. Terry Paul proposed to begin the administrative procedures to update Onsite Wastewater Rules and Regulations. They approached soil scientists at the University of Arkansas, as well as other groups, for the perspective on the soil science update. These updates will open the science to reflect the current, best practices and standards regarding soil science. Mr. Alan Fortenberry motions to move forward with the proposed revisions. Dr. Eddie Bryant requested clarification regarding what codes prior undeveloped lots would fall under if they were to become developed. Mr. Paul stated if they are within a subdivision, they must fall under the rule in place at the time. Older subdivisions require a common sense approach regarding upgraded systems. Motion made by Mr. Fortenberry, seconded by Mr. Jim Lambert, and is carried.

Proposal to Rescind Prepackaged Sandwiches/Pies

Mr. Paul proposed to rescind current, yet outdated Rules and Regulations on prepackaged sandwiches/pies, insecticide dispensers, rooming houses, and domiciliary care. DHS has no dependence on these rules regarding the items. Request to follow administrative procedures act to remove such Rules and Regulations. Motion by Mr. Fortenberry, seconded by Dr. Zini, and request carried.

Approval of appointment to Arkansas Drink Water and Licensing Committee

Mr. Jeff Stone, PE, requested approval for a new appointment to Arkansas Drinking Water and Licensing Committee. There are currently 7 members, 4 of which are water operators with a state license. Replacement is needed for one of those operators. They received 2 nominations, Mr. Scott Boggs, Searcy Water Utility; and Mr. Timothy Hawkins, Springdale Water and Sewer Commission. Mr. Fortenberry stated both hold Class 4 water operator's license, but moved to appoint Scott Boggs in effort maintain geographical diversity. Seconded by Greg Bass, motion carried.

Proposed Findings of Fact, Conclusions of Law and Order

Mr. Rogers, Deputy Counsel presented the cases of ADH v. David Green and ADH v. Craig Ken Potter. Both cases relate to the licenses of water operators and falsification issues. Regarding the case of Mr. David Green, employed by Shady Acres Mobile Homes, he falsified data as to taking chlorine samples. Investigator Gilhey discovered the chlorinator had not been set up or was not able to be used for an extended period of time. Mr. Green appeared before the Arkansas Drinking Water Advisory Committee, admitted to falsifying data to help the owner. He stated he took the samples and they came back good but knew the chlorinator had been destroyed and could not be

used. He admitted to doing wrong and knowing the chlorinator would not work. Committee recommended his license be revoked for 2 years, he may be allowed to reapply after revocation period, but is mandated to take all training and examinations as is required of a new license applicant. Mr. Green stated he would not appear before the BOH. Dr. Zini questioned if the committee has the power to otherwise reprimand or fine such as person. Mr. Rogers confirms that they do have that power and it was decided by the staff and committee that the revocation of the license was sufficient. Dr. Zini motioned to follow recommendations of the committee, seconded by Mr. Fortenberry. Motion carried.

Regarding ADH v. Craig Ken Potter, employed by Liberty Utilities, provided water service for Pine Bluff and White Hall. Falsification issues self-reported by Liberty Utilities; Mr. Potter was found by GPS tracking of not taking the samples at the times he reported. He did not appear before the Committee. He admitted to Liberty Utilities that he did not take the samples and produced sample results he did not perform. He was terminated from his position. Recommendation from the Drinking Water Advisory Committee his license be revoked for 2 years, may be allowed to reapply after revocation period but is mandated to take all training and examinations as it is required of a new license applicant. Motion by Dr. Zini, seconded by Mr. Fortenberry, however Dr. Fincher believes this recommendation is light considering the intentional harm to the public by these individuals. Mr. Fortenberry agrees this is a federal offense and is able to be prosecuted; however if he felt the public's health was at risk, he would have suggested other measures to prosecute those individuals. Motion carried.

Mr. Rogers discussed prior matter regarding Mr. Koomer with a radiation control issue. Mr. Koomer, licensed in radioactive device, has not paid fines regarding the device and appealed the decision to Pulaski County Circuit Court. However, he has communicated with Mr. Bernard Bevill of Radiation Control regarding the return of the device, which is most significant. The device has been located, however it's unknown if it has been transferred.

Another case from Emergency Medical Service for Mr. Brad Crawford has appealed to Circuit Court. Depending on outcome, it may come back to the BOH. Regardless of the outcome from the appeals court the BOH will be updated on the findings.

Madison County, fluoride case in Huntsville, has been appealed and judge upheld the BOH findings. Another fluoride case from Ozark Mountain is pending appeal in Boone County Circuit Court. Mr. Rogers requested volunteers for subcommittee on next water hearings, June 7, 2017.

Approval of appointments for Carroll County, Dre County, and Washington County Health Officers

Dr. Joe Bates presented appointments for the Carroll County, Drew County, and Washington County Health Officers. Dr. Milo Warner, Emergency Department Physician of Eureka Springs was nominated by the county judge and local health administrator of Carroll County. Dr. Bari Boganlhoff, cardiologist and electro physiologist located in Washington County was nominated by the county judge and local health administrator. Dr. Michael Corey, family physician in Monticello (Drew County) was nominated by county judge and local health administrator. Dr. Perry Amerine motioned to approve, seconded by Dr. Hui, motion carried.

Other Business

Update on Acute Stroke Task Force

Dr. Appathurai Balamurugan update on Acute Stroke Task Force pilot program. Arkansas still ranks 5th for stroke deaths, 1600 Arkansans die of a stroke each year. Every day 30 Arkansans have a stroke and approximately 5 will die. The 25 have some sort of disability with long term care required; leading it be Medicaid's number one cost for the state. Arkansas Stroke Task Force provided a summary of a pilot study, August 1st – January 31st, with nine (9) hospitals and eight (8) EMS agencies which participated. The objective of the pilot was to expedite the transition of time from the first medical contact to the definitive treatment of patients who had a stroke based on a predetermined protocol or pathway in the chain of survival of patients. Five (5) AR Saves Stroke Programs, four (4) Mercy Stroke hospitals, and 157 suspected stroke patients participated in the pilot. The data was compared to be baseline from the previous year. It was found there is still a major issue on the transportation. Approximately 50% arrived by EMS, the remainder by private transportation or through inter-hospital transfer. There is a need for public education regarding detection of symptoms. An important outcome for the pilot is EMS pre-notification to the hospitals of a suspected stroke increased from 38% to 70%. This begins the chain events from EMS pre notification of suspected stroke, to activating the STEMI team and bypassing the ED, taking the suspected stroke patient to the CAT scan; sub sequentially activating the AR Saves or Mercy Stroke system, eventually determining if it is a stroke and the patient gets the definitive treatment. By decreasing the time from onset of symptoms to definitive treatment to less than 3 – 4.5 hours has shown to decrease mortality. The time to treatment within 3 hours has improved by 21% in the pilot study phase. The initial pilot study showed positive results and the Acute Stroke Task Force should move forward with this voluntary acute stroke ready hospital designation program to other hospitals in the state. Compared to other states that have completed the same program, Arkansas is consistent. One major gap regarding the time between the first medical contacts is patients recognizing the symptoms of stroke and calling 911. The Task Force is looking into providing a public awareness campaign.

Legislative Session Update – Public Health Legislation

Mr. Brech presented several legislative session updates. Regarding a PMP bill, which would now allow the people enrolled in the Arkansas Medicaid Program to access system. Additionally, prescribers are now allowed to check the database anytime an individual is prescribed a Schedule II or III drug, or the first time you are prescribed a benzodiazepine. BOH can expand a list of exemptions regarding this bill.

Insurance companies are allowed identifying information to confirm whether doctors in their networks are signed up for the PMP.

Proposed revision to Clean Indoor Air Act to regard the treatment of vaping to be considered the same as smoking, such as wherever it is illegal to smoke you would not be allowed to vape, was not approved.

According to the immunization data-sharing agreement, ADH now has authority to enter into data sharing agreements with other jurisdictions to provide immunization information.

Two proposals to amend the statewide fluoride program were defeated in the committee. Representative Ladyman proposed to allow the public water authority of less than 22,000 users to make that determination to fluoridate or not. The other effort to amend the statewide fluoride program, proposed by Senator King, would allow water systems to fluoridate to become a local decision rather than state mandate. ADH spoke out against these bills and they both failed in committee.

Regarding Vital Record changes, classification of the manner of death was by execution would now be classified as “pursuant judicial sentence of death – Execution”. Additional change in the threshold when a fetal death certificate could be generated was lowered from 20 weeks to 12 weeks. Arkansas will become an open adoption records state and will be retroactive. If the birth mother chooses to opt-out after the first year it becomes effective, she may do so. After that one year, the records can be provided to the adopted individual.

Suicide prevention hotline will continue to be funded and a proposal presented will hopefully provide them more grant money. Bill provided appropriation bill to DHS – Behavioral Health Services related to the suicide prevention program, allowed spending up to 2.4 million from grant money or individual/corporate donations.

Office of Health Information Technology was transferred Health Department as a realignment of state agencies to provide better service and save money. This relieved local health units on collection of record maintenance fees. They will still retain the local grant trust fund of \$600,000 which will be paid from local fees generated.

Bond issues on paying for a new public health laboratory are currently being paid by using vital record fees. Original statute is worded in such, once the bonds are paid off those fees immediately sunset and go back to the original fee. The original bond was to be paid off in 2026. However, it was refinanced and is anticipated to be paid off in December 2018. Once the bond is paid off, the fees will go into an account and with a new bond issue the money will go toward an upgraded facility.

Dr. Fincher recognized Mr. Brech and his staff in working diligently with the legislature to get these measures passed.

Medical Marijuana Amendment Update

Ms. Ann Purvis, Deputy Director, provided an overview of the medical marijuana legislation changes that were presented during the session. The ADH is primarily responsible for the registration of identification cards for patients and qualified care givers, as well as, the labeling and testing standards, and some of the additional qualifying conditions, along with the tracking system similar to the PMP, to track by patient for every 2.5 oz. of usable marijuana every 14 days. Therefore there is a need to develop a tracking system.

The Arkansas Beverage Control division of DFA will have a regulatory function to inspect dispensary, cultivation facilities, etc. The Medical Marijuana Commission is responsible for the licensing of the cultivation facilities and dispensaries, as well as the transport and manufacturing company.

There were approximately 52 bills submitted during the session, only 24 passed. A possible omnibus Medical Marijuana bill would combine all the different changes into one and could be presented at the special session. After the next session, many of these legislations may change. This could require a subsequent meeting and educational forum provided for members to be well versed on this topic. Ms. Connie Melton and Ms. Renee Mallory shall be points of contact for any additional questions regarding this issue.

Other changes included the written certification clause to be changed. Prior to this law, the amendment required there be a balance for the physician to certify if the benefits outweighed the harm to the patient. That analysis is no longer required from a physician. The requirement now is a certification that the patient has the particular qualifying condition(s). 'Qualifying patient's medical record' has been deleted and substituted to *physician's record*. The ADH feels this is a medical record and is not disclosable unless authorized within federal law.

The National Guard or United States Military cannot be a patient or qualified caregiver. Certain employees who have workplace policies that are federally funded may qualify certain positions (those that may have access to confidential information or in a public safety position) not be under the influence of medical marijuana or hold a card.

The ABC will be responsible for the advertising of medical marijuana not be geared toward children, as well as product design including shapes, flavors, and child-proof packaging.

No vending machines in dispensaries will be allowed. Only qualified card holders, caregivers, or worker/owner will be allowed to enter a dispensary. Sell of food or drink with useful marijuana cannot contain more than 10 mg. of THC. There will also need to be some required labeling of THC content, which may need to be clarified in the Rules.

Regulations regarding the smoking of marijuana is similar those of tobacco smoke. No one can smoke in the presence of someone under the age of 14, in a motorized vehicle, in the presence of a pregnant woman, where it may cause someone who is unauthorized to be influenced by medical marijuana, and if you are under the age of 21 you must ingest it in another manner than smoking. Labeling requirements may be similar to medication labels regarding directions of usage and health and safety risk.

One cannot use telemedicine by a physician for certification.

If the CBD oil is reclassified at the federal level, it will automatically reclassify at the state level.

Requires a pharmacist consultant to be available (physically present or by phone) at the dispensary in order to give advice on best delivery of product, proper strains for the condition,

techniques to use and paraphernalia that goes along with medical marijuana. Vaping devices must be available at the dispensaries. The pharmacy board will have authority over this matter.

Regarding ADH sharing of information, such as the condition that requires the use of medical marijuana. No one outside the department will know what condition the patient has to receive the card, which will not list the condition. There will need to be an analysis on how the ADH will share that information to the Arkansas Center for Health Improvement (ACHI) in order to match the information from hospital discharge for cause on these individuals; this will be only match up for a medical record.

President Yamauchi questioned if there was a stipulation on who would provide education on the new laws. Where would that fit in and would funding be available? Ms. Purvis stated that she did not believe anyone would have that responsibility to educate the prescribers or certifiers. Persons that qualify would have to meet criteria on the certification list. Dr. Smith will meet with the medical board to discuss the roles and responsibilities with physicians. There is no funding for an educational campaign.

Dr. Gary Wheeler posed the question to Dr. Smith regarding the success of the cessation in smoking program, if there could be some preliminary thought for the use of marijuana and the detriment it has to the program. Perhaps use those funds could be used to educate people about the benefits of marijuana and the findings of marijuana usage. Dr. Smith responded the science is emerging and media has been effective in getting the message out but while some audiences have been interested while others are saturated. The tobacco prevention/cessation funding is rather limited and is open to negotiations. However, because tobacco is responsible for most of the top 10 causes of death, direct cause of 1 in 3 cancer deaths in Arkansas, the amount of funding we have toward that is not proportionate in the size of the problem, as 1 in 4 Arkansans smoke and is the highest in the nation. There is an intention of providing more information about the possible negative effects as new information comes out.

President's Report

President Yamauchi thanked Ms. Walker and Dr. Jones for phoning into the meeting. He would like to continue the board being active in helping the state. He hopes board members would become active in their community health projects and help with the local legislative representatives. He would like board members attend and participate in committee meetings.

Director's Report

Dr. Smith provided an update on the mumps outbreak in the state. As of Wednesday, April 26, 2017, we were down to 4 active cases in 2 counties. The outbreak had been going on since August, included approximately 3,000 cases, and was the 2nd largest since the introduction of MMR. He commended the staff in the northwest area of the state helping to reduce those numbers. We have worked closely with the CDC and have gathered data locally with other states and nationally on handling our cases.

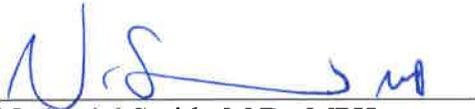
Dr. Joseph Bates announced he is retiring in July. Dr. Bates spoke on his time on the Board the members support for the Health Department. Dr. Smith requested that Mr. Brech draft a resolution for the consideration at the next meeting of the immense contribution Dr. Bates has made to the health to the state, but in also shaping the ADH. Motion moved by Dr. Zini, seconded by Dr. Amerine, and carried.

Additional Comments

Ms. Tapp, APHA representative, announced their annual conference will be held in Little Rock on May 10-12, 2017. Registration can be found at arkpublichealth.org. "Walk for the Waiting" will be held on May 6th at War Memorial. This walk is for children waiting in foster care to be adopted.

There was no further business to come before the Board and the meeting was adjourned at the hour of 12:45 p.m. on Thursday, April 27, 2017.

Respectfully submitted,



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

August 3, 2017