

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

October 26, 2006

MEMBERS PRESENT

Karen Konarski-Hart, D.C., President
Robert Sanders, D.O., President-Elect
Perry Amerine, O.D.
Glen "Eddie" Bryant, M.D.
Glenn Davis, M.D.
James Davis
Caesar S. Divino, D.P.M.
Alan Fortenberry, P.E.
Larry Fritchman, D.V.M.
Dr. Paul Halverson
Richard Hughes
Tom Jones
Lynda Lehing
John Page, P.D.
Don Phelan
Dr. Jack Porter
Jane Sneed, M.D.
Russ Sword
Dr. Joseph W. Thompson
Peggy Walker, RN

GUESTS PRESENT

Charles McGrew, DOH
Steve Boedigheimer, DOH
Michael Wolff, DOH
Dr. Glen Baker, DOH
Donnie Smith, DOH
Jennifer Dillaha, M.D., DOH
Dr. Richard Nugent, DOH
Marcell Jones, WIC Program
Rick Hogan, Legal Counsel
Reggie Rogers, Legal Counsel
Robert Brech, Legal Counsel
Terry Brumbelow, DOH
Linda Ross, DOH
Terry Paul, DOH
Harold Seifert, DOH Engineering
Ed Carson, DOH
JoAnn Bolick, DOH
Anita Southard, WIC Program
Merry Howe, WIC Program
Nancy Cox, Legal
Nell Smith, Arkansas Dem.-Gazette
Dennis Sternberg, ARWA
William Lynn Bennett, Plumbing Ex. Bd.
Sam Cummings, HVAC/R Board/Chair

MEMBERS ABSENT (excused)

Anthony Hui, M.D.
Susan Jones, M.D.
William R. McKiever, M.D.
Timothy R. Webb, M.D.

QUARTERLY MEETING/ANNUAL RETREAT OF THE ARKANSAS STATE BOARD OF HEALTH

The October Meeting and Annual Retreat of the Arkansas State Board of Health was held Thursday, October 26, 2006 in the Quindell Room of the Red Apple Inn, Heber Springs, Arkansas. President Konarski-Hart called the meeting to order at approximately 10:05 a.m. Due to illness, President Konarski-Hart turned the meeting over to Dr. Paul Halverson.

APPROVAL OF MINUTES

Dr. Halverson called for the approval of the minutes from the July 27, 2006 quarterly meeting. Mr. Don Phelan made the motion to approve the minutes. Mr. Richard Hughes seconded the motion, and the minutes were approved as presented.

NEW BUSINESS

Proposed Rules and Regulations to Expand Newborn Screening

Dr. Glen Baker, Director of the Public Health Laboratory, gave a brief presentation of the proposed Rules and Regulations to Expand Newborn Screening. He stated that Arkansas was probably one of five states that screen for a very small number of newborn infant disorders. The current screening involves loss of hearing which is conducted by the hospital. That information is then supplied to the Division of Health for follow-up. Blood samples are collected from newborns by the hospital and submitted to the Public Health Laboratory for screening. That is the extent of our current screening program. That is in contrast to 38 other states that screen for as many as 26 to 29 deficiencies.

We recommend that we expand our screening program to include 21 additional core disorders. These disorders are in the general area of amino acid disorders, fatty acid disorders and organic acid disorders, and would also include congenital adrenal hyperplasia and cystic fibrosis. At the present time there is a legislative mandate to screen for cystic fibrosis when funding is made available, but funding has not been made available. Therefore, we are not screening for cystic fibrosis, but we've included that in the projected screens.

We have a fee of \$14.93 that is charged to the hospital for the few tests that are now being done. At the present time, our cost is approximately \$20.00, so there is a deficit there. The projected screening program will have a fee of \$89.25; one-half of that is the cost of the analysis and the other portion is to support the outreach program to monitor and track these children. That is a significant increase in cost. The Arkansas Medical Society, the Arkansas Hospital Association, Arkansas Blue Cross-Blue Shield, and the reimbursement officials of Medicaid are all supportive of the expanded program. The Medicaid program establishes a per diem reimbursement rate for hospitals; anyone

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under one year of age per diem isn't applicable, and they cover the full cost for the first year of life if a newborn is hospitalized. There should be no impact on the hospitals as far as cost recovery.

The enabling legislation states that we should expand the testing program provided that appropriate testing is available, and that testing is now available and has been for the past five or six years. These procedures are approved by the FDA for clinical use and are standardized and we are prepared to initiate those.

The CDC and other agencies, as well as medical specialists, have come together to prepare specific recommendations for newborn screening to try to standardize newborn screening nationwide. There is quite a difference between the types of screening done by the different states, and we are following their recommendations specifically for the 21 core disorders plus the disorders that we are now doing, cystic fibrosis and congenital adrenal hyperplasia.

We are asking that you approve the new regulations so that we can proceed with implementation of this program. If approved, we are probably at least a year away from getting it on line with everything standardized, CLIA accreditation of the procedures, methodologies and a database to support the expanded program.

Dr. Sanders stated that the cost is a little over \$89.00 and that it is just enough right now, but what about two years from now? Is the cost going to be higher? Will you be coming back for an increase in fee or are you going to operate at a deficit? Should that be a higher price on the front-end?

Dr. Baker stated the he would have to look at that and not price ourselves out of the market. Alabama has the highest price now, which I believe is \$129.00. We feel that we are requesting the appropriate amount. Hopefully, we can maintain the cost for two or three years.

Dr. Sneed stated that as legislation goes forward, two things need to be addressed. With the Health Department's budget continuing to be cut, it needs to be put in the legislation that we look at the cost every year or every other year so that we don't shortchange ourselves. The second thing, I think it would be beneficial for the parents to have some type of pamphlet describing what their babies are being screened for so they understand what we're talking about.

Dr. Nugent said he could respond to that very positively. In the \$89.25 we have plans for recovering the cost of a public awareness campaign which would include the preparation materials for parents and professional education.

Mr. Sword asked if the Board of Health has to approve the fee or is this an administrative matter that the Department addresses from time to time.

Mr. Hogan advised that it is in the statute that the Board of Health has to give its approval. The last time this fee was changed was in 1995.

Dr. Fritchman asked what was involved in follow-up and Dr. Nugent stated that there are two phases of follow-up, short term and long term. Short term means from the moment we get an abnormal reading on any one of these studies on a child, we have to get that information as quickly as we can to that child's physician. If there isn't communication between the family and that physician, then we will fall back to the family to get those together until that child's condition is thoroughly diagnosed. If we have a confirmed condition, we will keep that child in our database and we will follow-up on that child every year through five years to make sure that they stay in the care that they need for their particular condition, and also to determine their health status over those years. This is so we can determine if we are having any impact on mental retardation and permanent disabilities.

President Konarski-Hart asked Dr. Baker to clarify the fact that this has no impact on insurability of the child if there is a positive.

Dr. Baker deferred this response to Mr. Hogan. Mr. Hogan stated that the statute under the insurance code requires that whatever the Board approves, in terms of screening, has to be covered as part of the policy.

Dr. Porter asked Dr. Baker if Medicaid was in favor of reimbursing at this rate or a percentage of this rate. Dr. Baker stated that Medicaid does a year-end cost report and as far as children under one year of age, they break out the charges associated with that patient and they pay 100% of costs.

Dr. Sanders asked who would have access to this database. For instance, as a teenager, something may come up and show that he or she was tested for that as a child, and needs to see what the results of that were.

Dr. Nugent stated that we are going to have to establish a database that will be web-based and accessible only to people who were providers for that child and have a confirmed access to that information. We also want to take this information and delete the identifiers for the child and perhaps even for the institutions taking care of the child and aggregate that into a scientific database that we can use then to report on and evaluate the program in general.

Dr. Bryant asked if a parent could refuse testing and Dr. Baker said it was his understanding that they can.

Dr. Joe Thompson stated that we will identify more false positives than true positives for almost all of these conditions. The benefit is to identify the kid that has the condition, where right now we are identifying them after they present clinically. The downside is that we will have more false positives; parents who are told there may be something

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wrong with their child and incur the cost with that to find the rare child that has truly got the disease. It is a balancing act here.

Dr. Sanders made the motion to proceed with the promulgation of the proposed rules and regulations. Dr. Jane Sneed seconded the motion, and the motion carried.

Proposed Rules and Regulations for WIC State Plan of Operations

Dr. Jennifer Dillaha reported that she wanted to review a little of the WIC program. WIC stands for Women, Infants and Children, and it is a federal grant program that Congress authorizes a set amount of funds for every year and is administered by the U.S. Department of Agriculture. There are 90 WIC state agencies in over 10,000 clinics around the country.

The mission of the program is to safeguard the health of low income women, infants and children up to the age of five who are at nutritional risk, and in Arkansas that is just about everyone, by providing nutritious foods to supplement diets, information on healthy eating and referrals to health care. The overall goal is to improve maternal and child health through quality nutrition services.

WIC began in Arkansas in 1974 in 14 delta counties. There were a little over 2600 participants and then expanded to the entire state in 1979. In August of 2006 there were 25,000 women of child-bearing age participating, about 25,000 infants, and about 38,000 or more children. We had 103 WIC clinics in 75 counties and close to 479 food retail outlets to participate in this program.

The funds that it brings to Arkansas are strictly federal. Funds available for the purchase of food is over \$40 million, and administration, nutrition, education and services is about \$15 million. We receive some funds through an arranged contract with a formula company wherein we receive a certain rebate for formula. The total amount brought to the program is well over \$77 million.

The good thing about WIC is that there is evidence that it really makes a difference. On a federal level it has been calculated that for every dollar spent by WIC for a pregnant woman it renders about a \$3.50 savings in terms of other care and medical services. It improves the dietary intake of pregnant and postpartum women and improves weight gain in pregnant women. WIC works to reduce fetal deaths and infant mortality; it improves infant feeding practices; it improves the growth of infants and children and it reduces iron deficiency anemia in children.

Dr. Sneed stated that this is a good plan, and asked if there were any type of WIC funds for specialty issues.

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Ms. Howe stated that if they are Medicaid eligible, they are also WIC income eligible, so all Medicaid eligible children are also WIC eligible. There are about 1200 infants on special formulas.

Dr. Bryant asked where the initial contact point was for getting into this program. Does this person get picked up from the hospital delivery or from the obstetrician's office or from the health care unit?

Mr. Marcell Jones stated that the initial contact is at the local county health unit, those 103 clinics. We have a lot of outreach, the Division of Health staff and the clinics will be working with doctors, hospitals and daycare centers.

Ms. Walker stated that many of her clients will not use the beans and questioned whether in the future a different protein would be looked at.

Mr. Jones stated that he knew that was an issue. There have been very few, if any, changes in the food package since 1974. There is a proposed regulation that is being commented on for changes in the food package that will go back through FNS, and it goes back to Congress. That is supposed to happen within the next couple years. So, there will be changes in the food package that will address some of those issues.

Ms. Walker said that this program has been a blessing to her substance abuse clients, and pregnant women who are coming off of chemicals.

Dr. Amerine asked if it was correct that as far as the State Board of Health is concerned, we are considering approving the State Plan. Mr. Jones replied that that was correct.

Dr. Amerine said he assumed it was federal dollars that is prescribed as to the way the state plan will be written. Is there any substantive change or any wrinkle to this plan that we as the Board members need to know about before we make a motion to approve this plan?

Mr. Jones said there is not really any change; the Plan is being submitted to the Board for review.

Dr. Amerine made the motion to approve the WIC State Plan as written. Dr. Sanders seconded the motion.

Dr. Sanders stated that he had always wondered about the WIC program. Why do people on food stamps get double benefits? They get food stamps, why should they also get the WIC program? Why don't they get one or the other?

Mr. Jones said that is a good question. Part of WIC's issue is that this is a nutritional driven program. If they come to the clinic and they are nutritionally assessed to be in need, that is our concern, not as a food program.

Ms. Merry Howe stated that it is a nutritional supplement program, it doesn't provide for nutrition of a whole family or even a whole person, it is supposed to supplement.

After some additional discussion of the state plan, a voice vote was taken on the motion and second and the motion carried.

Proposed Findings of Fact, Conclusions of Law and Order

Mr. Hogan, Deputy Chief Counsel, asked that the Board approve the Proposed Findings of Fact, Conclusions of Law and Order in the matter of the Arkansas Department of Health and Human Services v. County Medical Services of Arkansas, Inc., d/b/a/ Eastern Ozarks Regional Health System. This case involves a hospital in Cherokee Village that entered into a consent decree for the immediate suspension of their Hospital's license on December 2, 2004. This would permanently suspend the license of this facility.

Mr. Phelan made the motion to approve the proposed findings. Mr. Sanders seconded the motion, and the motion carried.

Proposed Findings of Fact, Conclusions of Law and Order

Mr. Reginald Rogers, Associate Chief Counsel, presented proposed findings for approval on three water systems; Ola Waterworks, Greenwood Waterworks, and Oden-Pencil Bluff Water Association. Ola Waterworks was ordered by the Board to have their system improved and a deadline was given. Ola reported that an extension was needed and they were given until January 1, 2008, to complete the water system improvements.

Mr. Phelan made the motion to approve the recommended proposed findings of fact. Mr. Fortenberry seconded the motion, and the motion carried.

Mr. Rogers presented proposed findings for approval for Greenwood Waterworks located in Sebastian County. Greenwood submitted a motion for extension of time until December 10, 2006, since the water treatment plant was not completed by September 1, 2006.

Dr. Amerine made the motion to approve the recommended proposed findings of fact. Mr. Davis seconded the motion, and the motion carried.

Mr. Rogers presented proposed findings for approval for Oden-Pencil Bluff Waterworks located in Montgomery County. Oden-Pencil Bluff must connect to the regional water source by April 1, 2007. The Consent Order originally set a deadline for connection to the Montgomery County Water System prior to March 1, 2006.

Mr. Fortenberry made the motion to approve the recommended proposed findings of fact. Ms. Walker seconded the motion, and the motion carried.

Proposed Findings of Fact, Conclusions of Law and Order

Mr. Robert Brech, Associate Chief Counsel, presented proposed findings for approval on the Arkansas Department of Health and Human Services v. Leonard Wood. Mr. Wood is a licensed paramedic level EMT. He reported for duty while under the influence of alcohol. He was found guilty of public intoxication. Mr. Wood attended daily AA meetings for 90 days. A hearing was held on October 12, 2006 and it was the subcommittee's decision to suspend Mr. Wood's license for six months in addition to a six-month probationary period.

Dr. Bryant asked if there was any standardized rehab in place that a paramedic/EMT would have to go through. Mr. Brech stated that there is nothing for EMTs at this time. Each ambulance service would have to provide that.

Ms. Walker stated that she did not feel good about Mr. Wood not being monitored.

Dr. Sneed asked if the Board of Health was the supervisory group for the EMT/paramedics. Mr. Brech stated that that was correct. Dr. Sneed asked if the Board should form a sub-group to look into developing some type of program like the AMA and the medical societies have.

Mr. Brech stated that that issue did come up in the hearing but there is nothing like that available, it would be up to the emergency services group.

Dr. Amerine stated that the Arkansas Medical Association has a program that the Arkansas Optometric Association just simply mirrored. I am in favor of approving the decision that the subcommittee recommended with the caveat that we start at this point exploring those policies and procedures that already exist and work effectively with other health care providers. I will make a motion that we accept the subcommittee's recommendation concerning Mr. Wood, and in addition, appoint a subcommittee to develop and propose to us for implementation a substance abuse program for the paramedics.

Ms. Walker said she would like to be part of that subcommittee. She also stated that AA alone is not sufficient in this case; another treatment such as an out-patient service for follow-up would be advisable.

Dr. Fritchman stated that the Board has in its discretion the potential for suspending or not suspending or revoking his license. Revocation of Mr. Wood's license created a recertification process. This gentleman had very good reports from all of his employers and his record was spotless. The man came from Louisiana where he lost his family and everything he had.

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Ms. Walker stated that she understood this and agreed that the Board should pass this at this time but that the Board needed to re-evaluate this.

Mr. Richard Hughes asked if the Emergency Medical Services branch has oversight as far as the probation that we put on an EMT? Mr. Brech stated that they do have oversight and that he would be happy to meet with the members of the EMT program and see about working with a subcommittee and establish some type of substance abuse program.

Dr. Thompson stated that he thought we had two issues; one, we have an administrative action on an individual that a subcommittee has made a recommendation, and in the process has discovered an oversight responsibility and the Board has not been clearly delineated for action taken. There is a motion and a second that has been made. I would ask if we could split those two issues to get a clean decision on this individual, and then a Board decision- -

Dr. Amerine stated that he would like to leave those together and this serve as an impetus to make sure this other task gets done, and thus he would be comfortable in voting "yes." He said he would go either way the Board wants to.

Dr. Halverson suggested that we look at every individual that the Board has licensure control of and any type of program that the Board would propose.

Dr. Amerine stated that he would amend his motion to state that we consider all. Mr. Hughes seconded Dr. Amerine's amended motion.

Mr. Fortenberry proposed the motion be split. The recommendation of the committee was in regards to Mr. Wood and that is the action, and now we are talking about something different.

Dr. Amerine restated his motion that the Board approve the recommendation of the subcommittee with regard to Mr. Wood.

Ms. Walker seconded the motion and the motion carried.

Dr. Halverson stated that the chair would entertain the next motion.

Dr. Davis stated that the second motion will be that a subcommittee be formed so we can look at long term programs to assess all those paramedical individuals that we govern. Dr. Amerine seconded the motion.

Dr. Thompson asked if the Board wanted a time frame on that. Dr. Halverson recommended that this work be done so that a recommendation can be brought to the Board at its next meeting. Dr. Halverson stated the motion had been amended to include the time frame.

Dr. Amerine agreed and added that we should say those professionals licensed by the Board. We may be limiting that subcommittee's charge by using the term "paramedic". Dr. Porter suggested that it be left up to the committee to determine who is under this umbrella. Dr. Halverson asked if there was clarity of the motion.

Dr. Porter asked if the motion would include an action plan on who is responsible for monitoring the individual's progress. Would it be up to radiology? Would it be up to EMT? He stated that he wouldn't want the Board to have to micromanage everybody that is identified and has to come before the Board.

Dr. Halverson stated that as he understood it, the motion is that the Board appoint a subcommittee or use other mechanisms to assure that the Board be brought a recommendation as to the continued screening and treatment for individuals that it licenses in terms of any substance abuse or chemical impairment. Ms. Walker stated medical, not just licensure – medical licensure.

Dr. Halverson said that will be one of the tasks of this group, to look at those applicable license-holders and then the Board will have an opportunity to discuss this when we take up the matter at the next meeting.

Dr. Konarski-Hart stated that the rules and regs for EMTs and paramedics state "immediate revocation," but this was an extremely unusual case and I think it is appropriate that we look at some kind of intermediate step.

Dr. Halverson took a voice vote on the amended motion and second and the motion carried.

Local Grant Trust Funding

Mr. Terry Brumbelow, Field Support Services Branch Chief, asked for the Board's approval to fund \$73,450 for the Prairie County Health Unit in Des Arc, Arkansas, after the Local Grant Trust Fund Subcommittee met on September 28, 2006 and recommended the funding.

Mr. Tom Jones made the motion to approve the recommendations of the Subcommittee for funding. Mr. Phelan Jones seconded the motion, and the motion carried.

OLD BUSINESS

Proposed Adoption of Rules and Regulations Pertaining to Onsite Wastewater, Designated Representatives and Installers

Mr. Terry Paul, Onsite Wastewater Program Administrator, stated that he was before the Board today asking for final approval of the onsite rules and regulations. These regulations have been updated approximately 30 years.

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Dr. Fritchman stated that as he read through the regulations he sees no database where these systems are tracked, and if exemptions are going to be made, which are in the regulations, how are we going to know what they do.

Mr. Paul advised Dr. Fritchman that he is working diligently to get a database. A proposed database had been sent to the DOH IT Department to try to get tracking of all systems, experimental or buried in some way. Tracking of those systems has been inadequate in the past.

Dr. Fritchman stated that it disturbed him to put the rules and regs into place without a database and without a tracking system. You lose track of this and it turns out to be a very harmful situation.

Mr. Paul advised that in this reg some systems have been eliminated that are believed to not be functioning the way they should. We have eliminated them because they were not performing as they should have been.

Dr. Fritchman asked Mr. Paul how he knew these systems that were eliminated were not performing. Mr. Paul stated that they could not meet NPDES standards; they were basically undersized from the standards set by the original developers and the EPA, and there were a lot of failures in those, mainly because they were not hydraulically large enough to handle the wastewater flow through them.

Mr. Fortenberry stated these regulations were an improvement.

After additional discussion among the Board members, Dr. Halverson asked that Mr. Paul report back to the Board when the database is complete, so that the Board is aware when it is up and running. Mr. Paul stated he would and that the DOH IT people had informed him that it would be at least July of 2007 before the database could be implemented.

Mr. Jones stated that the Onsite Wastewater Program has a tremendous training situation for the Environmental Health Specialists. These regulations have been coming for years. He stated that the Board should move on approving these regulations. Mr. Fortenberry seconded the motion.

Dr. Amerine asked how we assure that we are able to say we are measuring these things that are so important. He stated that he was asking that question prior to voting on the motion.

Dr. Halverson asked Mr. Paul to report back at each Board meeting until this system is complete.

Dr. Amerine stated that he would vote in favor of the motion based upon getting the consensus of the Board that we are going to do the database and report.

After additional discussion concerning the database, Dr. Halverson stated that it was clear that there needs to be, in a timely manner, a database put into place, and that the Board will expect regular updates on the progress of that. A voice vote was taken and the motion carried.

**Proposed Adoption of Changes to the Rules and Regulations
Pertaining to Public Water Systems**

Mr. Harold Seifert, Director, Engineering Section, stated that he was proposing changes in the rules and regulations, primarily to obtain a new approval date so that federal regulations adopted within the past six months are adopted by reference by the PWS regulations. He stated that the proposed regulations have not yet been reviewed by the Public Health Committee or the Rules and Regulations Subcommittee of the Legislative Council. He asked that the Board approve these regulations contingent upon getting a satisfactory review from those two committees.

Mr. Fortenberry made the motion to approve the changes. Mr. Phelan seconded the motion and the motion carried

**Proposed Adoption of Revisions to 2006 Hospital
Discharge Data Guide**

Mr. Ed Carson, Section Chief, Hospital Discharge Section, reported that the Board had been provided with copies of the draft 2006 Hospital Discharge Data Guide prior the July Board meeting. Four pages of changes to that draft are provided to the Board today. The draft guide with these changes was approved by the Administrative Rules and Regulations Committee of the Legislative Council on October 5, 2006. These changes are necessary to comply with new laws, to update our data submission, timing and methods, and to correct references to our agency.

Mr. Sword made a motion to approve the changes. Dr. Divino seconded the motion and the motion carried.

OTHER BUSINESS

**Appointment of Dr. Darrell Hutchinson, Dr. James Arrington
And Dr. Dan W. Webb as County Health Officers**

Mr. Terry Brumbelow stated that he was requesting approval of the appointment of Dr. Darrell Hutchinson of Clay County, and Dr. Dan Webb of Crittenden County Health Officer.

Dr. Fritchman made the motion to approve the appointment of Dr. Hutchinson and Dr. Webb as County Health Officers.

Mr. Hogan announced that there was an additional doctor to be appointed.

Dr. Halverson asked Dr. Fritchman to restate his motion. Mr. Brumbelow stated Dr. Arrington of Lafayette County should be added.

Dr. Fritchman amended his motion to include the appointment of Dr. Arrington. Mr. Phelan seconded the motion and the motion carried.

Dr. Halverson advised that Dr. Thompson in his role as the Surgeon General and Chief Health Officer had been in contact with the State Police and others and would like to bring the seat belt issue before the Board.

Dr. Thompson advised that the State Police has requested support from the health community for legislative change that modifies the seat belt law from a secondary seat belt law to a primary seat belt law. Current seat belt use in the state is about 70%. We have about 700 deaths per year from motor vehicle accidents. The issue that brings the State Police to us is most of the people who die in motor vehicle accidents are not found inside of their vehicle, they are ejected from the vehicle. My request of the Board on behalf of the State Police is to support the legislative change. It will be a one-word change, it will delete secondary and put primary in the legislation.

Dr. Fritchman asked when seat belts were going to be put in school buses. Dr. Sneed stated that there are studies that show that seat belts in school buses are dangerous.

Dr. Thompson stated that the State Police is looking for a legislative sponsor to support that legislation. A letter from the Board in support of the legislation would be appropriate.

Dr. Sneed made a motion that a letter from the Board be drafted in support of changing seat belt use in adults from secondary to primary law. Dr. Porter seconded the motion and the motion carried.

Preparedness Update

This matter was removed from the business agenda of the BOH meeting to the retreat portion.

Dr. Halverson stated that the DOH has been working diligently with the Chairs of the State Committee of Plumbing Examiners and the HVAC/R and that he thought it was important to create a better alignment and an understanding of the operation of our Board with the operation of their boards. One way to accomplish that would be to ask both Chairs, Mr. Lynn Bennett and Mr. Sam Cummings, to make brief comments to the Board concerning issues that they face.

Mr. Bennett stated that it was an honor to speak to the Board and to be a part of the Board. Dr. Halverson has worked well with myself and Sam Cummings. We have become a threesome and we meet once a quarter to discuss any problems.

Our plumbing codes started in 1951 and until a few years ago we had the same code, with improvements and changes. We went to what is called a regional code and there is good and bad about it.

Right now we have nine field inspectors across the state and they have to be a master plumber to be in that position. These nine inspectors work with the local inspectors, they train them, and they have classes. Another thing they do is inspect all state-owned buildings.

Mr. Bennett thanked Dr. Halverson for his help and stated he had never had this communication before with a DOH director, and there have been lots of things that have come up positive.

Mr. Cummings stated that he represented the HVAC/R Board which was created in 1991 by Act 277 and have had a successful relationship with the Health Department and now DHHS for all the years since that time. The purpose of our Board is to provide a safer and healthier environment for the citizens of our state. One thing our Board spends a lot of time on is providing educational opportunities so that qualified persons can take these licensing exams. Our Board consists of eight members. We meet every month except December and hearings take up about half the time of our Board meetings. We hear complaints, we render decisions, we levy fines and so forth.

Another important thing our Board does is adopt codes that all HVAC systems in commercial buildings, hospitals, universities, K-12 schools and residencies have to comply with.

Our relationship with the Department of Health and DHHS is a very good relationship. Recently we have made a lot of progress on some issues that we felt like were very important. We have made a lot of progress in collecting the fines that we have levied. We are making a lot of progress in making sure that contractors around the state recognize that they need to have only licensed people on the job, that they need to make sure that they are installing products and materials that meet the code. Rick Hogan and Charles McGrew are helping a lot in that area and I appreciate that very much.

The number one issue for our Board is to make sure that we collect fines, that we make an impression on contractors around the state so that they will know that they must do their very best job. We are looking at legislation that will allow us to impose criminal penalties on those persons that don't comply with the law.

One issue that we are looking at that is important to our Board is a plan review program that has never been in place from a HVAC standpoint. We are looking at other opportunities to provide continuing education for licensees.

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We appreciate being a part of DHHS and the help that we get from all persons on the staff and we look forward to continuing this relationship.

PRESIDENT'S REPORT

President Konarski-Hart thanked everyone for coming to the meeting today. She stated that she had enjoyed the past year.

DIRECTOR'S REPORT

Dr. Halverson thanked President Konarski-Hart for her support for this last year and all the years she has been involved in administrative hearings and so forth. He stated he had nothing else to add and adjourned the meeting.

The meeting was adjourned at 12:35 p.m.

Respectfully submitted,

Paul K. Halverson, DrPH
Director DOH