QUARTERLY MEETING OF THE
ARKANSAS STATE BOARD OF HEALTH
April 26, 2007

MEMBERS PRESENT

Robert Sanders, D.O., President
Vickey Boozman
Glen "Eddie" Bryant, M.D.
Caesar S. Divino, D.P.M.
Alan Fortenberry, P.E.
Larry Fritchman, D.V.M.
Dr. Paul Halverson
Richard Hughes
Susan Jones, M.D.
Lynda Lehing
John Page, P.D.
Don Phelan
Dr. Jack Porter, President-Elect
Dr. Jane Sneed
Russ Sword
Dr. Joseph W. Thompson
Peggy Walker, RN
Dr. Patricia Westfall
Dr. Terry Yamauchi

GUESTS PRESENT

Dr. Joe Bates, DOH
Steve Jones, Dep. Director DHHS
James R. Phillips, M.D., DOH
Dr. Richard Nugent, DOH
Rick Hogan, Legal Counsel
Reggie Rogers, Legal Counsel
Robert Brech, Legal Counsel
JoAnn Bolick, Child & Adolescent Health
David Taylor, EMS
Dr. Timothy Calicott, EMS Adv. Council
Jane Gaskill, Health Fac. Serv.
Doug Gordon, Health Fac. Serv.
Paul Acre, Health Fac. Serv.
Terry Brumbelow, DOH
Robert Hart, Engineering
Laura Moody, Health Fac. Serv.
Bradley Planey, Women's Health
Bob Higginbottom, Protective Health
Martin Nutt, Engineering
Jodiane Tritt, Dir. Community Support
Jimmy Wallace, Municipal League
Joyce Dees, Governor's Office
Frank Scott, Governor's Office
Nell Smith, Arkansas Dem.-Gazette
Nancy Cox, Legal

MEMBERS ABSENT (excused)

Dr. Glenn Davis
Dr. Anthony Hui
Thomas Jones, R.S.
Karen Konarski-Hart, D.C.
Timothy Webb, M.D.

QUARTERLY MEETING OF THE STATE BOARD OF HEALTH

The April Quarterly Meeting of the Arkansas State Board of Health was held Thursday, April 26, 2007 in the Public Health Laboratory building, 201 South Monroe Street, Little Rock, Arkansas. Dr. Glen Baker's staff conducted a tour of the Public Health Laboratory before the regular Board meeting. President Sanders called the meeting to order at approximately 10:00 a.m. New Board members, Dr. Terry Yamauchi, replacing Dr. William McKiever and Dr. Patricia Westfall, replacing Dr. Perry Amerine, were introduced, and Russ Sword was congratulated on being reappointed to the Board.

APPROVAL OF MINUTES

President Sanders called for the approval of the minutes from the January 25, 2007 quarterly meeting. Dr. Page made the motion to approve the minutes. Dr. Divino seconded the motion, and the minutes were approved as presented.

NEW BUSINESS

Vaccine Study Group Subcommittee Report

Dr. Jack Porter referred the Board members to the letter sent out by President Sanders establishing the Vaccine Study Group Subcommittee. He stated that the Subcommittee had an informational meeting before the Board meeting this morning. The charge of the Subcommittee was reviewed. Mr. Charles Beets, Immunizations Section Chief, presented "Welcome to the World of Vaccines" and educated the Subcommittee on the complexity of the issue of vaccines. Mr. Beets and Mr. Hogan presented working packets, information that Dr. Porter had requested, and additional information that would help the Subcommittee in their charge.

Dr. Porter thanked the Division of Health for their time and cooperation. The very complex issue is an issue that brings in the consideration of the citizens of the state, the health needs of the state, and the ethical issues that will be involved in this. A lot of extensive research is planned. We want to get a formal understanding of every aspect of the immunization process so that we can come back to the next meeting with some insights, recommendations, and a consensus.

Dr. Porter stated that, because of the geographic diversity of the group, Ms. Boozman being in northwest Arkansas, Dr. Sneed in northeast Arkansas, and Dr. Susan Jones in West Memphis, it is difficult to get everyone together. Some teleconferencing may be done, but we have decided to communicate by e-mail, and to come back at 7:30 a.m. before the next Board meeting and continue after the meeting with our discussions. It is my recommendation that we send the Board members the minutes of our meetings so you will be kept informed.

President Sanders stated he hoped a possible policy or more of a position paper would come out of this on how we will stand on future vaccines.

Human Papilomavirus Vaccine Report

Mr. Richard Hughes stated that he realized the HPV vaccine had become a rather contentious issue. He also stated that he wanted to make it clear today that it has never been his position that we should immediately require this vaccine. As a cancer survivor he stated that he has a passion for many diseases that can cause cancer and this is one that can do that. Mr. Hughes provided a paper that gives a comprehensive overview of some of the issues. He pointed out that vaccination has been determined safe, effective and cost-effective and believes that widespread immunization against this can significantly reduce HPV-related illness.
Mr. Hughes stated that he appreciated the concerns that have been raised over the last several months by the Division staff in regard to how this vaccine will be implemented. Although he is not suggesting the Board take any action today on this issue, he looks forward to working with the subcommittee on the complex issues involved.

President Sanders noted that we have a copy of Mr. Hughes' paper.

Impairment Working Group Report

Mr. Rick Hogan, Deputy Chief Counsel, referred to the Board members' two and a half page handout summarizing the group's findings. The President and the Board asked the divisions to work out a policy or possibly look into a regulation or policy regarding what the Board would do with respect to ultimately recommending a program for those people who were licensed by the agency. This would be people who, either because of alcohol or substance abuse problems, had been disciplined on their licensure. It was recommended that we look into the Arkansas Medical Foundation Program, and many licensees have licensed agencies that develop programs that allow for licensees to get back into the practice of their profession after the requisite rehab and monitoring program.

The group put together four primary working groups that were most affected within the Division of Health. Those included EMTs, perfusionists, rad techs and lay midwives. The group met first on December 19th, and then January 29th, February 21st, March 15th and April 11th. The group discovered that the greatest number of licensees involved was the EMTs – they had 6,000 licenses or thereabouts issued. The rad techs were the second largest group with 4,258 individuals. Third and fourth, the midwives and the perfusionists each had about 30 licensees that were licensed by DOH. So the greatest affect was on the EMTs and the rad techs in terms of the number of licensees.

Mr. Hogan reported that in checking with the Arkansas Medical Foundation and Connie Melton of the Division staff, who gathered a great deal of information regarding them, documents were provided as to how they were staffed, what kind of programs they put together, what the cost was and so forth. The subcommittee took all this information into consideration, and, for three primary reasons, decided that probably the best thing to recommend to this Board was to look into contracting with the Arkansas Medical Foundation. Most importantly, they would provide the staff that would take it from the

beginning to the end. In other words, they would appear before the Board to testify in cases that involved someone who had been impaired; they would provide the monitoring and the laboratory work; and finally, they would provide the contracting with the licensees so that the cost would be directly from the licensee to the Foundation. The Division would monitor the situation as a department and as a Board, but would not be directly involved with staff having to participate on a day-to-day basis. After considering all of this and after hearing from the DHHS ADAP program and the rehab facilities that they license, and how that could cut down on the cost of this program, Ms. Walker made a motion to recommend to the Board of Health to pursue looking into negotiation of a contractual relationship with the Arkansas Medical Foundation in which they would provide an impairment assistance program to the Division of Health licensees of EMTs, perfusionists, lay midwives and radiologic technologists. Dr. Konarski-Hart seconded the motion and the vote was unanimous.

Mr. Hogan stated that this is what is being recommended today to the Board. We've had several meetings and considered a number of documents and this appears to be the best way to pursue it. What we would like to do is ask Ms. Melton to get with the Arkansas Medical Foundation and find out what sorts of things we would need to do internally to look into a contractual relationship, see if that would be feasible, and explore those options if the Board so decides to accept our recommendations.

Mr. Russ Sword made a motion to adopt this recommendation and go forward with the negotiations for a contractual relationship with the Arkansas Medical Foundation. Ms. Vickey Boozman seconded the motion and the motion carried.

Request for Provisional Approval of Drug Assisted Intubation
As an Optional Skill for Paramedics in Arkansas

Dr. Timothy Calicott, M.D., FACEP, Chairman of the EMS Advisory Council, requested provisional approval of drug-assisted intubation as an optional skill for paramedics in Arkansas. He stated that Drug Assisted Intubation has become the standard of care for paramedics across the United States. Research has shown that many lives have been saved by granting the use of this advanced airway procedure to paramedic services. Surrounding states have approved the use of Drug Assisted Intubation by their paramedics. This request has the support of the Medical Directors of the EMS systems in the state, the paramedics, the Arkansas Ambulance Association, the Arkansas EMT Association and the Arkansas Chapter of the American College of Emergency Physicians. We respectfully request permission for the addition of Drug Assisted Intubation as a provisional, optional skill for patients age eight and older for the paramedics and Advanced Life Support Services of Arkansas.

Dr. Yamauchi stated that physicians had had a very difficult time in getting conscious sedation privileges at UAMS and asked if there were some guidelines or policies that are in effect.

Mr. Hogan stated that this had come before the Board before as part of a group of items and the Board, at that time, had some concerns. It was taken off the agenda and there were some specific things that were asked for by the Board that Mr. Taylor and Dr. Calicott put together and that is what is in front of you today. There were also some specific issues raised by Dr. Sneed, Ms. Walker and maybe others. One issue concerned children under the age of 8, so this would take out that group of children. As far as what this would mean today, if there is a motion and it is passed, there would be a public hearing and it would have to go before two legislative committees, there would be public comments and other comments made that would be studied by the Board and staff. It would have to come back to the Board and at that time you could decide whether to adopt the rule or to make changes based upon the comments.

After discussion among the board members, Dr. Calicott and David Taylor, President Sanders asked for a motion to be made to approve the recommendation that would allow the EMTs to use Drug Assisted Intubation. Dr. Calicott stated that at this time he was asking for "provisional" approval and that he would be collecting more data than normal to determine if this is a good modality, and will come back and report that data. Dr. Calicott stated that he would be the first one to say that the skill needed to be pulled if the data doesn't support it. We're asking for provisional in that we will collect the data and come back before the Board. Dr. Yamauchi mentioned the word "study." Dr. Calicott said this had been studied to death. Studying something that is already approved is not what we thought was the right thing to do, so we're asking for provisional approval so that we can bring the data back to be approved or disapproved by the Board.

Dr. Bryant made the motion to approve the request for provisional approval. Dr. Jones seconded the motion. Dr. Thompson stated that he wanted to vote against this unless we have direct observation of rapid sequence intubation. The stories of people being paralyzed but not sedated would be what we're approving the potential for. You have to be sedated first and allow your brain to go to sleep before you're paralyzed, and that is a skill set that can be taught but I think it needs to be observed before we authorize non-physicians.

After additional discussion, Dr. Thompson presented a friendly amendment to require at least two observations of rapid sequence intubation. Dr. Jones seconded the motion. All Board members were in favor with the exception of Dr. Fritchman.

Proposed Revisions to the Rules and Regulations
Pertaining to Public Water Systems

Mr. Robert Hart, Director, Engineering, requested permission from the Board of Health to proceed with rulemaking to revise the rules and regulations pertaining to public water systems. The purpose for that is twofold. The first is to authorize an increase in fees for public water systems. In the last legislative session, we sought and obtained legislative approval for the increase of fees. Those fees were last raised in 1993 and

even though the legislature authorized that, the statutes require that the Board of Health actually set the fee.

The second part of that revision would be to obtain a new approval date on the regulations because of new EPA Ground Water regulations that were promulgated on the federal level and adopt those by reference. Currently, if you are connected to a public water system you pay a quarter per month for a service connection, and that fee comes back to the Division of Health to run our drinking water program. That money is divided between the state public health lab and the Engineering Section to oversee the public water systems in the state. Part of this increase would be to raise that from a quarter to 30 cents per month, and to increase the minimum fees that are charged for very small public water systems, campgrounds, restaurants, and schools, increase those minimum fees as well. It is estimated that the nickel increase will raise an additional $600,000 a year. All of this is going primarily to react to and implement additional EPA regulations that have been promulgated over the past five or six years.

Mr. Fortenberry made the motion to approve the proposed revisions to the rules and regulations. Dr. Divino seconded the motion and the motion carried.

Appointment of New Member to the Arkansas Drinking Water Advisory and Operator Licensing Committee

President Sanders noted that he had received a letter from the Arkansas Rural Water Association and they recommend Mr. Terry House, a rural water representative who would help balance out the committee. The resumes and qualifications of four applicants included in the Board of Health packet were discussed. Mr. Fortenberry made the motion to recommend Terry House of Ward, Arkansas. Dr. Page seconded the motion and the motion carried.

Revision of the Rules and Regulations Hospitals and Related Institutions in Arkansas

Mr. Doug Gordon, Hospital Licensing & Certification Programs, stated that he was asking to go forth in the administrative process of the proposed regulation changes in the 2005 Regulations for Hospitals and Related Institutions. There is one typo in your packet and we will go over that. All of the proposed changes have been before an advisory committee. The one typo is on page 46-1, Section A-5. We want to change the word “shall” to “may.” With that, we ask your permission to go forth with the administrative process.

Discussion followed on emergency rooms, specialty hospitals, and full service providers.

Mr. Russ Sword stated that page 3-2, Critical Access Hospitals, defines “Critical Access Hospitals, on page 3-1 as having to be “in a rural area that is located more than a 35 mile drive. There are a number of hospitals that were approved under the “Necessary

Provider Regulations" that did not meet that 35 mile distance, and as I read this, this would mean that those critical access hospitals that are less than 35 miles that previously met the regulations would no longer qualify as Critical Access. Ms. Gaskill stated that the change on page 3-1, the Budget Reform Act itself changed that definition, and our rule change is being made to match the federal definition of what a Critical Access Hospital is.

Mr. Sword stated that he understood what the proposed revision was doing. If a Critical Access Hospital is located 30 miles from another provider, they no longer qualify as a Critical Access Hospital, even though they were previously approved. Ms. Gaskill stated that for the purposes of licensing, the Critical Access Hospitals elected to be licensed in Arkansas. The Critical Access Hospital designation was originally designed as a way to relieve the hospitals from a licensing burden and had they so elected, they could operate under a Critical Access designation in Arkansas and still receive federal Critical Access reimbursement. The hospitals wanted to enjoy the additional licensing for purposes of community support and assurances. The Health Department was happy to accommodate that and make these special changes in Critical Access Hospital rules. I think this is a reimbursement question that you are asking, and Mr. Sword stated that it was a reimbursement question. You can't be reimbursed as a Critical Access Hospital unless you are licensed as a Critical Access Hospital. He stated that in the past you could be licensed under the "Necessary Provider" rules which were a part of the federal regulations at that time. Ms. Gaskill asked if Mr. Sword's question was if they would still be grandfathered in under the 35 mile rule, and he responded that it was. Mr. Sword stated that under these regulations, they won't be because if that hospital is less than 35 miles from another hospital, they no longer qualify under this unless you leave in "unless previously licensed under the "Necessary Provider" rule. Ms. Gaskill stated that the federal statute trumped whatever designation they were given.

Mr. Hogan suggested this section be amended to read "unless it has been previously approved under existing laws at the time of the approval." Ms. Gaskill was in agreement.

Mr. Sword noted on page 36-1 under F.1., it states that "Physician shall determine disposition of the patient." I know there are some hospitals in the state that have people working under the direction of a physician, and this would say that those people would not be able to make disposition of a patient. Mr. Gordon stated that was correct. Ms. Gaskill stated the reason for this change came as a request from a facility or facilities who found this language to be ambiguous from the last change, and it was the intent of the Board last time to require a physician determination as evidenced by a physician's signature ultimately in their records. Whether or not that determination was made by phone, without the physician actually getting into the car and driving, or whether the physician and the collaborator had enough of a relationship to be comfortable with the physician ultimately taking responsibility for the disposition is really a scope of practice and relationship question. The rules previously required, and our 2005 effort to clarify this, was that ultimately a physician shall be responsible in Arkansas licensed facilities

for that determination. This change was requested to make that clear because the language of saying “don’t contact the physician to discuss findings and disposition” wasn’t clear enough.

Dr. Sneed asked what the rule was for having a physician in-house 24-7 for a standard hospital versus a sub-specialty hospital. Mr. Gordon stated that you do not have to have a physician in-house because a call can be placed to the physician.

Mr. Sword referred to page 46-9 which states that this requires that the hospital inspect a commercial laundry and verify that they meet all regulatory requirements. Mr. Sword stated that his hospital inspects the laundry, but he does not know if they meet all the regulatory requirements or not. Someone else should have to look at that rather than the hospital.

Ms. Gaskill stated that there were some water temperature requirements that the hospital is ultimately responsible for, even if they use a contractor, to make sure that those conditions are met.

Mr. Paul Acre added that the intent of the revision doesn’t deal with that particular issue; the intent of the revision here had to do with - - we have some facilities in the state that are part of a system. Let’s say when we inspect a rural hospital that might be part of that system, the expectation, according to the way we looked at the regulation, was that they personally, someone representing that licensed entity, needed to check out that offsite laundry. We left it up to the hospital to develop the standards or expectations of that offsite laundry. The intent here was to make it a little easier.

Mr. Sword stated that he didn’t think it would make sense to require the hospital to inspect for something that they don’t know anything about. The regulation needs to be changed. He added that his concern is that the regulation now and the regulations that are being proposed require that the hospital verify that they meet all of the appropriate regulations that a laundry operator ought to meet. I can’t verify that, I don’t have the expertise, and I don’t have anybody that does.

Dr. Halverson suggested something that would say, “and shall conduct annual onsite inspections, and require the commercial laundry to provide written verification that complies with the sanitary rules and regulations.” Mr. Sword said that was fine. Ms. Gaskill asked - “shall conduct annual onsite inspections and verify- -“ Dr. Halverson repeated his suggestion, “and require the written verification by a commercial laundry with applicable sanitary rules and regulations.” We can work out the particulars. Ms. Gaskill said that was something that could easily be worked out.

Mr. Sword referred to page 48-6 talking about “Observation Rooms,” the change in #3 that “Each room or cubicle shall be provided with oxygen, vacuum and a nurse call button.” The nurse is right there looking at them; they don’t need a nurse call button. It doesn’t make sense to me to have that as a requirement.

Mr. Acre stated that this language has been in the regulation for several cycles, and this happened to be more or less hidden in Section 11. We needed to get this in an area that was more related to the construction characteristic of a facility without anticipating any concerns regarding what the language was.

After discussion among the members, Ms. Gaskill suggested the language, "Each room or cubicle will be provided with a nurse call button unless direct observation is afforded and maintained?" Mr. Sword agreed.

Mr. Sword pointed out that 6. requires that, "For each area in which a patient bed is utilized, a reading light shall be provided for each bed." Why do we have to have a reading light? If I'm being observed in the emergency department, I don't necessarily want to be sitting around reading. Mr. Acre said that the American Institute of Architects in conjunction with some other organizations, created some guidelines for the design and construction of hospitals. So, a lot of that language, in terms of guidance, was incorporated in the regulations.

Mr. Gordon suggested putting "a light shall be provided." Mr. Sword responded that he did not have a problem with "a light." With those changes, I move that we adopt the regulations.

Dr. Porter addressed page 16-2, the P&T Committee. The word "system," it says the committee represents the medical staff. Mercy Health Care System has 4 hospitals in Arkansas, it is the system, and it does have a Board of Directors but it does not have a medical staff. Maybe I'm reading too much into that, but it seems like it would be the individual service unit and not the system.

Mr. Gordon stated that this may not be worded correctly. Dr. Porter said it didn't have to be cleared up today, but to be mindful of that ambiguity. Sisters of Mercy has a Board, St. Joe and Edwards has a Board, but there is no medical staff on the system board or in the system. President Sanders stated the way this is worded, Mercy Health Systems could have one P&T Committee in St. Louis and they would decide what all the hospitals are going to use here in Arkansas.

Ms. Gaskill agreed that that change can be struck and worked on some more. Dr. Halverson recommended going back and looking more comprehensively at the whole notion of "system". If it is all right with the staff, I suggest you pull that particular reference to P&T and then come back.

After additional discussion of "system," Ms. Gaskill stated that with the Board's permission she would like to pull this recommended change and work on it a little bit more and see if we can't integrate a definition into our "Definition" section.

Dr. Halverson, for clarification, stated that he wanted to make sure that system hospitals are not left in a lurch while this is being studied.

Mr. Sword's motion to adopt the regulations with changes was seconded and the motion carried.

Proposed Revisions of
2006 Plumbing and Gas Codes

Bob Higginbottom, Protective Health Director, requested the Board's approval of the proposed adoption of the 2006 Plumbing and Gas Codes. We are trying to provide to the plumbing industry and consumers in the state newer and later updates in technologies regarding plumbing, gases and safety, and reduce plumbing costs. These codes are modeled after the international code which is not only recognized throughout the United States but the biggest part of the civilized world. It is the Plumbing Program's hope that the Board will give approval today, and get this information out to the plumbing industry for public comment.

Dr. Page made the motion to begin the administrative process. Dr. Divino seconded the motion and the motion carried.

Proposed Findings of Fact, Conclusions of Law and Order:
Martin Wayne Ferrell, EMT/Paramedic

Rick Hogan, Deputy Chief Counsel, presented the Proposed Findings of Fact, Conclusions of Law and Order on Martin Wayne Ferrell. Mr. Ferrell is a licensed EMT/Paramedic. The subcommittee held a hearing on March 29, 2007, after Mr. Ferrell's license had been summarily suspended. The subcommittee was made up of Dr. Fritchman, Dr. Karen Konarski-Hart, Don Phelan, and Richard Hughes. Mr. Ferrell pled guilty on March 5th to sexual indecency with a child that he was helping baby-sit. He was convicted of sexual indecency with a child, a disqualifying offense under Arkansas statutes and our regulations for an EMT. Dr. Halverson summarily suspended his license, gave him an opportunity for a hearing, and that hearing was held on March 29th. He did not appear at the hearing and the subcommittee recommended that his license be immediately revoked. Notice was sent out to all services in the state that his license had been revoked, and to contacted our office if there is any attempt to seek licensure. We ask that the Board accept the Subcommittee's recommendation. A motion was made to accept the subcommittee's request that Mr. Ferrell's license be revoked. Dr. Sneed seconded the motion and the motion carried.

Proposed Findings of Fact, Conclusions of Law and Order

Mr. Reggie Rogers, Associate Chief Counsel, presented the findings of fact and conclusions of law regarding Earle Waterworks in Crittenden County, which has had problems with its previous water system operator. They have a new water system operator who is working to rectify the problem.

The Greenwood Waterworks system located in Sebastian County has been working on a three million dollar treatment plant, which is almost finished. The subcommittee

granted another extension, until May 28th, for Greenwood to comply with public water systems. These systems appeared before a Hearings Subcommittee, and their recommendations are included in the proposed findings of fact.

Mr. Hughes made the motion to accept the recommendations of the Hearings Subcommittee on both proposed findings. Mr. Sword seconded the motion, and the motion carried.

OLD BUSINESS

Proposed Revisions to the Rules and Regulations for Scoliosis Screening

Dr. Richard Nugent, Family Health Branch Chief, presented a draft copy of proposed revised Rules and Regulations for Scoliosis Screening in Arkansas. Dr. Halverson stated that it was the intent to move this along very quickly. He also stated that we would want to inform the school districts about the proposed changes.

Dr. Page made the motion to approve the revisions. Dr. Fritchman seconded the motion and the motion carried.

OTHER BUSINESS

Local Grant Trust Fund Subcommittee

Terry Brumbelow presented the February 20th committee meeting results to the Board. The Committee is recommending funding on three of the four proposals. The first one, Jefferson County, is a recommendation for $72,000, primarily for asbestos abatement in that unit. The second recommendation is to Columbia and Magnolia Counties; they want to expand their health units. The subcommittee is recommending a $280,000 award. The final one is Cross County at Wynne; they are hopeful of building a new health unit near the hospital and the subcommittee is recommending $350,000 for Cross County and the Arkansas Department of Economic Development is going to also give $350,000 to Cross County. Mr. Brumbelow asked that the Board approve these recommendations. Dr. Page made the motion to approve the recommendations. Mr. Phelan seconded the motion and the motion carried.

PRESIDENT'S REPORT

President Sanders' report was to thank everyone for attending the meeting.

DIRECTOR'S REPORT

Dr. Halverson stated that he hoped everyone had the opportunity to take advantage of the laboratory tour. Within the last two months we have had, in addition to the normal inspections, a special inspection by the EPA as well as the USDA. Everybody continues to be very proud of the work that is being done. I just want to report that

continuing progress is being made on the laboratory. I hope that everyone is as proud of this new facility as I am. It is a great improvement over our previous location. Thanks to Dr. Baker and all of the staff that worked so hard, and it was our chairman's request to have the meeting here today. I also wanted to note with pride the new emergency operation center. Many of you had the opportunity to be present for the dedication of the emergency operation center along with Governor Beebe. We had also an assistant secretary from the Department of Health & Human Services here as well as a special envoy from CDC. I think all were impressed and pleased with the progress that we've made in the new facility.

I would note that even today, as I'm speaking here, we're going through an exercise in the EOC. Part of what we do at the Division of Health is regular training and exercises in the event of an emergency. If you haven't had an opportunity to see the EOC or the EOC briefing room on the 5th floor, a tour can be arranged for you.

The other thing I wanted to mention to you as it relates to visitors. The Director for the National Center for Public Health Informatics from the CDC presented in public health grand rounds this morning. One of the emerging issues for public health is public health informatics. That interchange of information, between and among not only public health but also health facilities, and health providers, is an emerging issue and certainly one of the things that we're looking at very closely as part of our overall strategy to sharing information and being able to make sure that we're up-to-date in that regard.

The legislative session, I think, by all accounts was a great session. I especially want to thank Jodiane Tritt, Director of Community Support. She has a great background and wonderful experience, and was a terrific asset to us in this last session. She has been able to summarize the health legislation that we found to be of interest. All we have is the bill number and the name. We'll get you more information if you're interested in any of these things. This will give you a sense of the scope; I think we had some 93 bills that were passed into law. We monitor very carefully and closely all pending legislation. We work collaboratively with Bill sponsors and we act as a resource to those committees of the legislature.

One of the things that did pass into law is Act 384. This eventually does have an impact on the Division of Health. This law allows Governor Beebe to de-merge the Division of Health if he so chooses. The emergency clause provides that the law would go into effect on the Governor's signature. You may or may not know that that law actually has a 60-day waiting period. In other words, if the Governor determines that the Department of Health should again be a stand-alone department, 60 days from that determination the Department shall again exist. I think the Governor has publicly stated that he is leaning toward this.

The other thing I would note, in terms of legislation with the trauma bill, unfortunately we ran out of time with this bill this year. This Board has gone on record, in fact, it was your unanimous urging that we would vigorously support the development of a trauma system in our state. I don't believe there was much discussion or dissension for a

trauma system in our state and what we ran into was difficulty of financing. I'm hopeful that we will have the opportunity to work closely with Governor Beebe and the legislature so that we might some day be successful in getting both a trauma system in place and also getting financing. I wanted you to know that we followed up on the Board's decision to support trauma, and I don't think we're ever going to rest until we get that in place. It's very, very important to the people of our state.

I also wanted you to know that we provided support of the primary seat belt law as well as the graduated driver's license law; neither of which were successful. We will continue to work with the Governor and the legislature to try to move that forward next time the legislature meets. You may know that we have the third highest mortality from automobile accidents in the country.

There is one bill that I would want to draw your attention to and I'm sorry that I don't have the bill number, but I know that Dr. Thompson was very instrumental in working on this. In particular, you may remember Act 1220, one of the requirements is the body mass index measurement; there was a bill that proposed to eliminate that requirement. I'm very pleased that we were able to get a compromise with the bill's sponsor due to the efforts of the Child Health Advisory Committee and ACHI.

Dr. Halverson announced that Steve Jones is in attendance, and Steve is the recently appointed deputy director for the Department of Health and Human Services and will be taking Ray Scott's position.

There being no further business, the meeting was adjourned at 12:00 noon.

Respectfully submitted,

Paul K. Halverson, DrPH
Director DOH