

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

APRIL 26, 2018

MEMBERS PRESENT

Catherine Tapp, MPH, President
James Zini, D.O., President-Elect (via
phone)
Nathaniel Smith, M.D., MPH, Secretary
Perry Amerine, O.D.
Greg Bledsoe, M.D.
Marsha Boss, Pharm. D
Lawrence Braden, M.D.
Glen "Eddie" Bryant, M.D. (via phone)
Vanessa Falwell, APRN

Alan Fortenberry, P.E.
Beverly Foster, D.C.
Phillip Gilmore, PhD
Anthony Hui, M.D.(via phone)
Lee Johnson, M.D.
Susan Ward-Jones, M.D. (via phone)
Thomas Jones, R.S.
David Kiessling, D.P.M.
Mike Riddell, M.D.
Susan Weinstein, DVM

NOT PRESENT (Excused):

Miranda Childs-Beebe, D.D.S.
Robbie Thomas-Knight, Ph.D.
Terry Yamauchi, M.D.

GUESTS PRESENT

Stephanie Williams, Deputy Dir. for Public
Health Programs
Ann Purvis, Deputy Dir. for Administration
Namvar Zohoori, MD, Chief Science Officer
Robert Brech, General Counsel
Reginald A. Rogers, Deputy General Counsel
Brooks White, Administrative Law Judge
Renee Mallory, Center Dir. for Health Protection
Appathurai Balamurugan, MD, DrPH, State
Chronic Disease Dir.

James Bledsoe, M.D., Chief Physician Specialist
Don Adams, Dir., Center for Local Public Health
Christy Sellers, Dir., Center for Health
Advancement
Austin Porter, Information Systems Coordinator,
Office of the Director
Greg Brown, Branch Chief, CHP Preparedness
Jeff Stone, P.E., Dir. Engineering Section
Martin Nutt, Environmental Health
Connie Melton, Branch Chief, Health Systems
Licensing & Regulation
Shirley Louie, Dir., Center for Public Health
Protection
Haley Ortiz, Health Policy Dir.
Dr. Gary Wheeler, Chief Medical Officer, CHP
Infectious Disease
James Joiner, Facility Engineer Supervisor
Marisha DiCarlo, Ph.D., Dir. Health
Communications
Meg Mirivel, Public Information Specialist
Jonathan Aram, Epidemiologist, CPHP
Epidemiology
Dirk Haslow, State Epidemiologist
Brandy Sutphin, Senior Epidemiologist, CHLP
Epidemiology
Tawny Long, Liberty EMS
Larry Thompon, Liberty EMS

Shelly Matthews, CNA, Division of Behavioral
Health
Rhonda Kitelinger, Maternity Nurse, CHA
Family Health
Catherine Waters, ADH
Ida Daragh, Midwife Advisory Board
Shea Childs, Midwife Advisory Board
Mary Alexander, Midwife Advisory Board
Sharon Ashcraft, CHA Family Health
Craig Wilson, ACHI
Caroline Parham, Public Guest
Josh Turner, Public Guest
Meg Gorvine, UAMS/Student
Andy Davis, Arkansas Democrat-Gazette
Karley Altazan, Board Liaison, Legal Services
Anna Hurst, Law Clerk, Legal Services

MEETING OF THE ARKANSAS STATE BOARD OF HEALTH

The quarterly meeting of the Arkansas State Board of Health was held Thursday, April 26, 2018, 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. Anthony Hui, M.D, Dr. Susan Ward-Jones, MD, Dr. James Zini, MD, and Dr. Glen “Eddie” Bryant, M.D. participating by teleconference.

APPROVAL OF MINUTES

President Tapp entertained a motion for approval of the January 25, 2018, Quarterly Minutes. Motion made to accept the minutes, seconded by Dr. Anthony Hui. Motion passed. The motion passed and the minutes were approved as presented.

OLD BUSINESS

Licensed Lay Midwives

Dr. Marsha Boss introduced the issue that Licensed Lay Midwives are being disciplined for not requiring a vaginal exam before delivering a baby. She noted the problem is arising under the risk assessment requirement of the rules and regulations and stated no doctor would take a patient too close to their delivery date. Dr. Smith clarified it is not an issue of rules and regulations but rather policy and procedure at the local health units. A patient may choose to see another doctor, and not go to a local health unit. Dr. William Greenfield, Medical Director for the Department’s Family Health Branch, explained that the issue requires an understanding of the distinction between the rules and regulations, which allow for the practice of lay midwifery, and the nurse practitioner protocols, which guide how the nurse practitioners in local health units render care. The concern here pertains to the protocols, the primary purpose of which is to ensure safety and establish a standard practice across the health units with the goal being that the risk assessment process is the same across the state. The goal is not to interfere with patient autonomy or say that all patients have to have a pelvic exam, but rather if a patient comes to a local health unit for a risk assessment, the assessment will be performed by the nurse practitioner protocols to best ensure uniformity. As far as the rules and regulations are concerned, patients may opt out of the pelvic exam in seeking care outside the Department’s local health units. Certified nurse midwives can provide the risk assessments, as well as licensed physicians.

Dr. Boss questioned whether mothers are told they cannot have a delivery with a licensed lay midwife unless they get two pelvic exams and two ultrasounds. Dr. Greenfield responded that that statement is incomplete because the rules and regulations allow for patients to go to a private practice physician that does not require a pelvic exam and they do not govern that physician’s practice. Dr. Boss responded that private physicians are unwilling to see those patients because they are fearful of lawsuits. Dr. Weinstein questioned what medical conditions are diagnosed with a pelvic exam. Dr. Greenfield responded that the exam helps determine whether the pelvis is generally adequate and helps detect any rare, yet serious, problematic conditions that could not

be detected without the exam. Certified nurse midwives can provide the risk assessments, as well as a licensed physician or a nurse practitioner at a local health unit.

Dr. Amerine inquired whether the nurse practitioner protocols negatively impacted licensed lay midwives in practicing their profession, to which Dr. Greenfield replied no. Dr. Amerine further inquired, if licensed lay midwives say they are being impacted, how should the Board resolve that matter. Dr. Greenfield replied that all parties share the goal of having a healthy mom and a healthy baby. He stated it starts with an open dialogue about what the expectations should be because we are working toward the same thing. He noted the first step involves communicating that the local health units exist as an adjunct, not an adversary, to LLM services, and educating patients on a risk assessment is, early in the first trimester. He explained if a patient does a risk assessment with a private practice physician during the first trimester, but then comes to a local health unit for the second risk assessment during the third trimester, the local health unit is left with very little time to make a lot of very important decisions.

Dr. Smith clarified that the issue is not the rules and regulations put into place by the Board, but rather the advance practice nurse protocols and local health units, adding that the local health units are not the only place women can get a risk assessment. He stated the policies and procedures at the local health units are designed to ensure safety and that the Department is making a best effort to follow long-standing standards for obstetrical care. Just as the rules and regulations were not intended to force LLMs to do things against their judgment, they were also not intended for the Department and its healthcare staff to do things that are not consistent with standard practice and safety for giving birth. Dr. Smith further explained he understands this makes an inconvenient situation, just as patients might have trouble finding a physician that is willing to deviate from those standards practices, the rules and regulations were not intended to force Department staff to deviate from those standard practices either. He believes there is some negotiation that needs to continue during this process, but this is not an issue of rules and regulations but rather the health unit protocol.

Dr. Amerine suggested a heightened response to people who express concerns and look to the Board for direction. Dr. Riddell suggested a more objective standpoint, including scientific articles that involve impartiality in clarifying the confusion of what LLMs may do in their practice. Dr. Bledsoe pointed out the purpose of getting involved in this process is not to take the decision from the mother but rather provide the safest care for the mother and child, and requested Dr. Smith or Dr. Greenfield what they believe the next best steps are in trying to do something practical moving forward. Dr. Greenfield replied that it starts with education, not necessarily to midwives but to patients. There are a lot of things that are very difficult to put into a first visit, but one thing is understanding that the purpose of the risk assessment is simply that—assessing risk. We are working as a partnership to ensure healthy outcomes and that there is no distinction between the exams that we do for patients receiving midwifery care and any other patient that comes in for that visit.

Dr. Amerine believes, that as board member, he feels compelled to hear the concerns of the LLM and help to resolve the issue. Dr. Riddell noted that he thinks it would be setting a dangerous precedent to not support those who are entrusted with regulation. Ms. Catherine Tapp requested a

task force be comprised of Board members, such as Dr. Amerine and Dr. Boss, along with others and possibly a midwife representative, to further consider the LLM issue.

Dr. Boss made a motion to hear remarks from Mr. Josh Turner who claims he was forced to deliver his child at home without a LLM because his wife would have been forced to obtain a pelvic exam. Dr. Weinstein seconded. Mr. Turner claimed the Department is misinterpreting the regulations. Under his reading, routine services require the LLM to ensure a client receives 16 routine services, including risk assessments. He suggests the Department is not vested with the regulatory authority to determine when a risk assessment is complete, based on other areas in the regulations allow midwives to exercise medical judgment and discretion. He noted it makes sense that midwives receive information from health units and use it to determine whether a risk assessment is complete. The Department instead says its standards of care determine whether a woman can continue with her chosen midwife, forcing women to subject themselves to invasive procedures.

The motion to create a task force was made by Dr. Boss; seconded by Dr. Weinstein.

NEW BUSINESS

Local Grant Trust Fund

Mr. James Joiner reported the Local Grant Trust Fund Subcommittee met on February 15, 2018, and they had two recommendations: \$400,000 to Randolph County-Pocahontas to build a new unit and \$3,936.95 to Van Buran County-Clinton to assist with installing a dehumidifier system. The Subcommittee voted the remainder of the \$200,000 sub-grant go to Jefferson County-Pine Bluff for an air conditioning system because the cost came in under what was requested. Motion to approve recommendations made by Dr. Lawrence Braden, seconded by Dr. Susan Weinstein. Motion passed.

Appointment of County Health Officers

Dr. Namvar Zohoori presented a list of six newly appointed or reappointed County Health Officers. Reappointments include Dr. Valencia Andrews-Pirtle for Mississippi County, Dr. Jason Merrick for Lonoke County, and Dr. L.J. Patrick Bell II for Phillips County. New appointments include Dr. Tasha Starks, a family medicine doctor at Arkansas Methodist Medical Center, for Greene County; Dr. Sylvia Simon, a family medicine doctor at Monticello Medical Clinic, for Lincoln County; and Dr. Tobias Vancil, professor of general internal medicine at UAMS, for Pulaski County. Motion for approval made by Dr. Mike Riddell, seconded by Mr. Alan Fortenberry. Motion passed.

Proposed Findings of Fact, Conclusion of Law and Order

Mr. Brooks White explained the findings of fact and conclusions of law for Ms. Tawny Long, a licensed paramedic in Arkansas. She was found guilty of diverting an in-service ambulance 70 yards from the location of the appropriate station, as a joke, while off duty. Ms. Long said others

do this but admitted it was a mistake, requesting leniency. The Subcommittee of the Board recommended a license suspension of six (6) months, a probationary period of twelve (12) months, and additional training. Dr. Smith reiterated the significance of the infraction and importance of a readied response team in all emergency situations, adding the fact that others do it is neither an acceptable norm nor an excuse for Ms. Long's behavior. Her removal of the unit's camera in order to avoid discovery serves as further proof she acted deliberately. Mr. Larry Thompson, Ms. Long's current employer at Liberty EMS, spoke on her behalf, expressing concern that the suspension will end her career and be equally as detrimental to EMS services in the local area as her crime. Dr. Lee Johnson, who served on the Subcommittee, stated the decision was carefully made after review of all relevant information and that this was deemed the most appropriate solution. Motion to accept the Subcommittee's proposed findings made by Dr. Amerine; seconded by Dr. Smith. Motion carried.

Rules and Regulations Pertaining to Reportable Disease

Ms. Catherine Waters presented a proposed addition to the Rules and Regulations for Reportable Disease that align with the Council for State and Territorial Epidemiologists. The new addition would add CRE superbugs that are drug resistant and types of fungus to the reportable disease list. It would also remove non-fatal and non-hospitalized influenza infections and add some conditions to improve detection and submittal of terroristic events and radiation exposure. Dr. Weinstein inquired whether communicable diseases being reported for dairy animals referred to cow or goat dairies. Mr. Fortenberry noted there was a law passed regarding milk, but Mr. Brech clarified the law applies to Grade A Dairies and thus does not impact this regulation. Ms. Waters added that any emerging outbreaks or diseases be reported to the Department within four (4) hours and any unusually drug resistant infections be reported within 24 hours. Motion to approve proposed changes made by Dr. Phillip Gilmore; seconded by Mr. Fortenberry. Motion carried.

Adoption Forms

Mr. Robert Brech explained that adoption release forms were created in compliance to Act 519. The Act allows adopted children to get their adoption file, which includes the original birth certificate and a copy of the court order if available, from the Department. A child, parent, spouse, or adoptee of 21 years of age or older may request the file. This goes into effect August 1, 2018, and it is retroactive.

Additionally, forms for the biological parents were drafted pursuant to the Act. These include a contact preference form where the birth parent can express specific contact preferences, a redaction form to allow birth parents to redact their names from the file, and a family history form that is required under the Act and a prerequisite to filling out the redaction form. Biological parents must fill out their own forms individually. Mr. Brech explained the registrar of the vital records has the statutory authority to create forms with the approval of the Board, so if they are approved they will go live. It is uncertain how many people will be impacted, but a rush at the beginning is expected. There is no requirement in the Act that birth parents be notified that the Act was passed or the redaction process is available. Mr. Brech expressed intent to reach out to the local bar association

to put family practice attorneys that deal with adoptions on notice so they can in turn notify their clients. Dr. Amerine inquired if this was a nationwide occurrence, and Mr. Brech affirmed that it has happened in several states. Motion to approve forms made by Dr. Riddell; seconded by Dr. Braden. Motion carried.

Arkansas Drinking Water Advisory Committee Appointments

Mr. Martin Nutt reported on an appointment to the Arkansas Drinking Water Advisory and Licensing Committee. The Arkansas Water Works and Water Environment Association, the Arkansas Water and Wastewater Managers Association, and the Southern Arkansas University-Arkansas Environmental Training Academy nominated Lance McAvoy, Deputy Director of Operations for the City Fort Smith Utility Department, who meets all necessary requirements. Motion to approve appointment made by Mr. Fortenberry; seconded by Dr. Weinstein. Motion carried.

Other Business

Administrative Updates.

Public Health Science/Program Updates

Substance Misuse and Injury Prevention

Ms. Haley Ortiz, Interim Branch Chief for the Substance Misuse and Injury Prevention Branch, provided an update regarding the Department's efforts to address the opioid crisis. The Department reorganized, creating the Substance Misuse and Injury Prevention Branch within the Center for Health Protection to focus on prevention education centered on substance misuse.

Ms. Ortiz noted the PDMP has become a central tool in addressing the crisis. The program switched to APRIS, a new vendor that carries about 40 other state PDMPs, and received positive feedback regarding the new, user-friendlier software. As part of the national effort, Arkansas is currently sharing data with 25 other state PDMPs and looking to connect with more.

The PDMP issued the first quarterly prescriber comparison reports April 24, 2018, to all prescribers in the state that prescribed at least one opioid in the first period (November 15, 2017-March 31, 2018). The reports are intended to be a valuable tool for prescribers, and include patients the prescriber had on an opioid, morphine milligram equivalent dosing information, treatment duration, PDMP usage or queries of the prescriber themselves or the delegates, and dangerous combination therapy.

The Department received funding from various federal grants through the Center for Disease Control and U.S. Department of Justice to implement "Dose of Reality," a multi-state prescription painkiller outreach, education, and prevention campaign adjusted to reflect Arkansas statistics. It is targeted toward people ages 12-24 at highest risk for misuse and addiction, as well as influencers of that population, and focuses on teaching proper usage and storage of opioids. It has a traditional

media component and a community outreach education program that will begin after hiring a nurse educator. (doseofreality.adh.arkansas.gov)

The Department's Health Statistics Branch is working to improve reporting of overdose deaths in Arkansas by state coroners because, based on surrounding states, Arkansas is not accurately reporting overdose mortality. Better identification of drug related mortality would increase listings of specific drugs found, improving funding opportunities for treatment and other lifesaving intervention. Dr. Smith convened a work group comprised of representatives including the Arkansas State Police, Arkansas Drug Director, Department of Human Services and Medicaid, U.S. Drug Enforcement, the Arkansas Medical Board and Medical Society, the Arkansas Surgeon General, the Governor's Office, and the Pharmacy Board, to meet every six (6) weeks.

Under the leadership of Kirk Lane, DHS's Division of Behavioral Health Services ("DBHS") and the Drug Director's Office have collaborated on initiatives and manage the drug takeback program (ARtakeback.org). The Department assisted with event promotion and is looking to set up a stakeholder group that will work to create a strategic statewide communication plan. DBHS has also distributed over 3,000 naloxone kits statewide, assisting in successful overdose reversals by emergency responders for 64 individuals since 2016. The program has used some PDMP data to locate at-risk communities. There is funding to enhance DBHS regarding substance use disorder treatment for eight (8) regional providers, with opportunity to expand the use of medication assisted treatment in those regions and to incorporate peer recovery specialists. Under the guidance of Dr. Mancino at UAMS, they also use the Echo program, which is a remote online educational program for frontline clinicians that will provide assistance and support to providers in rural areas regarding expansion of medication assisted treatment.

Dr. Rick Smith, Medical Director for the Substance Misuse and Injury Prevention Branch, explained the Arkansas State Medical Board, following the recommendations of the CDC, has defined what it means by "excessive prescribing of opioids." Prescriber reports were issued to 5,000-6,000 prescribers of opioid medications including physicians, and physician assistants and advanced practice nurses. There has been positive feedback from doctors wanting to discuss reports and ask questions. The biggest dilemma regarding more conservative use of opioids is the patient population already under treatment for chronic pain with excessive doses of opioids. Such patients are almost by definition addicted and in chronic pain, creating significant concern for doctors and patients. To help deal with this problem, the Department and UAMS created a multidisciplinary, call-in consultation service, ARImpact, that physicians and ARRN's can register for free CME. The multidisciplinary panel of experts includes: two pharmacists, one psychologist, one addiction doctor, one pain doctor, and possibly a family physician. Many family physicians call in and will likely be most responsive to our reports. Arimpact.uams.edu. Governor Hutchinson will announce the service during a press conference Monday. It is funded by Blue Cross and Blue Shield and by the Office of the State Drug Director, and it is a partnership with the Arkansas Medical Society, the Arkansas State Medical Board, and the Arkansas Academy of Family Physicians. The U.S. Surgeon General chastised Arkansas for the number of opioid prescriptions written in the state and that was justified- Arkansas is number two (2). However, these new initiatives will better equip Arkansas to fight the epidemic.

Dr. Boss inquired whether the records include VA hospitals. Dr. Smith explained the VA cannot be forced to contribute its data because it is federal property, but it is voluntarily contributing its data to the PDMP. Dr. Boss asked if the VA records are bumping Arkansas up to number 2. Mr. Jonathan Aram responded it is his understanding that all retail pharmacies licensed by the Board of Pharmacy are required to submit their data to the PDMP and hospital pharmacies do not report to the PDMP.

Epidemiology of Opioids in Arkansas

Mr. Jonathan Aram presented national rates of prescription drug usage in comparison to Arkansas. Arkansas has the second highest prescribing rate, varying from 80-184 prescriptions per every 100 persons throughout counties. Opioids are prescribed at high rates but prescribing decreased from 2015-2017. In 2015, 118 prescriptions were written per 100 persons-11 higher dose and 107 lower dose prescriptions per 100 persons. By 2017, the number fell to 108, with 8 higher doses and 100 lower doses per 100 persons. He noted one unintended consequence of prescribing is nonmedical use of pain relievers. From 2015-2016, 4.89% of Arkansans over age 12 reported misuse of pain relievers (about 121,000 people)—a higher percentage than bordering states. Dr. Boss inquired about the types of pain relievers being reported. Mr. Aram clarified the data comes from the National Survey on Drug Use and Health, a population survey of all states administered by the Substance Abuse and Mental Health Services Administration, that relies on self-reports and likely includes non-narcotic pain relievers and prescription medication.

Dr. Lee inquired whether the statistics speak specifically to a youth issue. Mr. Aram clarified they are more focused on adults because the highest numbers of overdoses occur among individuals 25 or older with less than a high school diploma. The crisis disproportionately affects adults of lower socioeconomic status. Whites and American Indians and non-Hispanic people have a higher overdose death rate. Overdose rates increased from 2000-2016, from 5.4 to 14 per 100,000, and those deaths are likely underestimated on the report. Dr. Riddell suggested sending out a notice to OBGYNs to notify their patients that unused narcotics should be disposed of at particular locations.

President's Report

Director's Report

Dr. Smith addressed the contract that is up for legislative review in May regarding the Tobacco Cessation Quit Line. He noted that some legislators on the review committee expressed intent to defund the quit line. If that happens, Arkansas will be the only state in the country without one. Over 10,000 Arkansans call the quit line yearly. Arkansas has a quit rate of over 28%, comparable to other state quit lines, and the cost per successful quit is \$527. Considering tobacco related healthcare costs, the calculated return on investment is at least \$16 saved for every \$1 invested. The quit line also impacts the Arkansas traditional Medicaid patient population, 40% of whom smoke and account for every 1 out of 3 callers. Dr. Smith challenged the Board to advocate for state public health by advocating and ensuring representatives are making informed public health decisions. President Tapp requested talking points for the Board to use when speaking with representatives. It was asked whether it would be appropriate for the Board to

offer a resolution in support of the quit line, to which Mr. Brech said yes. Motion for a resolution to be crafted, approved, and signed by all the Board members who are in agreement in support of the quit line made by President Tapp; seconded by Dr. Riddell. Motion carried.

ADJOURN: 12:01pm
Motion by Dr. Smith; seconded by Dr. Zini

Respectfully submitted,



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

July 26, 2018