

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

**April 28, 2016**

**MEMBERS PRESENT**

Jim Lambert, President  
Terry Yamauchi, M.D., President Elect  
Nathaniel Smith, M.D., MPH, Secretary  
Perry Amerine, O.D.  
Gary Bass, Pharm.D.  
Miranda Childs-Bebee, D.D.S. (via phone)  
Greg Bledsoe, M.D.  
Lawrence Braden, M.D.  
Glen "Eddie" Bryant, M.D.  
Clark Fincher, M.D.  
Alan Fortenberry, P.E.  
Beverly Foster, D.C.  
George A. Harper, J.D.  
Anthony N. Hui, M.D. (via phone)  
Lee Johnson, M.D.  
Susan Jones, M.D.  
Thomas Jones, R.S.  
Mary Beth Ringgold  
Robbie Thomas Knight, Ph.D.  
Peggy Walker, RN-BC, MSN, CADC  
Susan Weinstein, DVM, MPH  
Anika Whitfield, D.P.M. (via phone)  
James Zini, D.O.

**MEMBERS ABSENT** (Excused)

Catherine Tapp, MPH

**GUESTS PRESENT**

Joseph Bates, M.D., Deputy State Health Officer  
Stephanie Williams, Deputy Director for Public Health Programs  
Ann Purvis, Deputy Director for Administration  
Appathurai Balamarugan, M.D., Medical Director/Associate Director for Science  
Reginald A. Rogers, Deputy General Counsel  
Elizabeth Harris, Deputy General Counsel  
Robert Brech, CFO & Board Liaison  
Glen Baker, M.D., Director, Public Health Lab  
Don Adams, Center Dir. for Local Public Health  
Mike Wilson, EOC, Technical Manager  
Kelli Kersey, Section Chief, Cosmetology and Massage Therapy  
Greg Brown, Associate Branch Chief, Preparedness and Response  
Xavier Heard, Director, Human Resources  
Renee Mallory, Center Dir. for Health Protection  
Connie Melton, Branch Chief, Health Systems Licensing & Regulation  
Shirley Louie, State Registrar/Center Director  
Jennifer Dillaha, M.D. Medical Director, Immunizations  
Andi Ridgeway, Branch Chief CLPH Hometown  
Dr. Bill Mason, MPH, Branch Chief Preparedness  
Lynda Lehing, CPHP Health Statistics  
Patti Scott, DNP, RN, Dir. Health Advancement  
Jeff Stone, P.E., Dir. Engineering Section  
Ron Brown, Epidemiologist, AR Cancer Registry  
Jared Kibbey, Senior Policy Advisor  
Lori Simmons, Branch Chief CPHP  
Carrie Poston, ADH Epidemiologist  
Haley Ortiz, ADH Health Policy Director  
Catherine Waters, ADH Outreach Response  
Marisha DiCarlo, Ph.D., Director Health Communications  
Meg Mirival, Public Information Officer  
Jon Swanson, MEMS  
Leslie Peacock, Arkansas Times  
Ashley Wright, Planned Parenthood

Gale Scott, Stroke Task Force  
Claudia Parks Miller, ATERF  
Dennis Robertson, ATERF  
Jeff Tabor, ATCC  
Nancy Cox, Legal

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

The Meeting of the Arkansas State Board of Health was held Thursday, April 28, 2016, in the Charles Hughes Board Room of the Freeway Medical Building in Little Rock, Arkansas. President Lambert asked those members participating by conference call to give their names. Miranda Childs-Bebee, D.D.S., Anthony Hui, M.D., and Anika Whitfield, D.P.M. responded. There was a quorum and the meeting was called to order at approximately 10:00 a.m.

Dr. Nate Smith welcomed Dr. Perry Amerine back as a member of the Board representing the optometrists. Dr. Amerine was on the Board from 1997 to 2007. In 1996 he was awarded Outstanding Volunteer Services to the State of Arkansas by Gov. Huckabee and in 1995 the Arkansas Certificate of Merit for Citizenship by Gov. Tucker. Dr. Amerine stated he was looking forward to working with the Board members.

### **APPROVAL OF MINUTES**

President Lambert entertained a motion for approval of the January 28, 2016, Quarterly Meeting minutes, and the Special Meeting minutes of the Arkansas Cancer Registry held on February 26, 2016. Dr. Zini made a motion to approve the minutes and Peggy Walker, MSN, CADC seconded the motion. The motion passed and the minutes were approved as presented.

### **OLD BUSINESS**

#### **Final Approval of Rules and Regulations for Emergency Medical Services in Arkansas**

Mr. Greg Brown, Associate Branch Chief, Preparedness and Response, came before the Board requesting final approval of the Rules and Regulations for Emergency Medical Services in Arkansas. Mr. Brown stated that the rules and regulations mirror the national certification and licensure requirements for all EMS providers. If this change is not made, there will be a drastic difference between national certification and state licensure, which will affect approximately 7,000 EMS providers in the state. Section V.C.3.a.3, on page 25, EMT Permitted Ambulances, the word "licensed" was left off the rule which allowed it and a staffing pattern for the basic ambulances that didn't meet a national standard. We have had the opportunity to meet with the Ambulance Association and a couple of those groups and they agreed to support the rule as it is, with the understanding that with this particular section of the rule, we are going to request an eight-month extension so we can go back next month to open this back up to address the needs of the folks that have this particular licensure. We are requesting approval of these final rules with the understanding of an eight-month extension to the end of the year or until such time that a rule can be modified for us.

A motion to approve the rules and regulations as outlined in the packet was made by Dr. Fincher. The motion was seconded by Dr. Zini and the motion carried as presented.

**Proposed Revisions to the Rules and Regulations**  
**For Abortion Facilities in Arkansas**

Ms. Connie Melton, MBA, FACHE, Branch Chief, Licensing and Regulations, stated that in January the Board authorized the Section to proceed with the administrative rules process for Revisions to the Rules and Regulations for Abortion Facilities. The process was started and we received some recommendations for the revisions and what you have before you today are five additional revisions. The five additional revisions are: The definition for "abortion" has been revised to mirror the statutory definition. In the "General Administration" section J.1. we have added three words specific to the consent forms. The consent forms for adults now have the words, "signed and witnessed".

In J.2 we have included the word "notarized" to the consent form for minors and those declared legally incompetent.

In Section 9-3, item 4. of the medical records section, we changed the formatting to make this content perfectly clear. Previously it had been in a sentence format and it was changed to a list format so nothing could be overlooked.

Acts 934 and 1086 required that the Department of Health create specific forms, a consent form and a checklist, and it has been recommended that these Department of Health created forms be incorporated into the rule.

The last revision was removal of some language. A Federal Judge made a decision regarding specific language in Act 577, so the language that was in the rules, which the Federal Judge said was not admissible, has been removed and is no longer in this set of revisions.

Ms. Melton asked once again to proceed with the administrative rules process for this set of revisions.

Mr. George Harper commented that since the decision in Roe v. Wade the courts have allowed states to pass legislation that restricted woman's absolute right to have an abortion during the first two trimesters, to the extent that legislation protected the woman's health and safety, as long as it didn't impose an undue burden or a substantial obstacle to her right to the procedure. Arkansas and other states have passed laws either to protect the woman's health and safety or to make an abortion more difficult, depending on which side of this issue you are on. The legislature clearly has the right to do that and this Board doesn't have a right to overturn what the legislature does; only the courts can do that.

Act 1086, to the extent it's incorporated into this proposal, is the one that requires women who exercise their legal right to an abortion state that they realize when they do that they are causing the death of their unborn child. In January this Board attempted to change that language to language that I felt was more scientific and free from any polemic, religious or political connotation. I and some other Board members felt like the language was inflammatory and hurtful to women who were facing this already difficult decision. That wasn't acceptable to the governor and certainly doesn't appear that it is going to be acceptable to the legislature. The

dilemma that I face, and I think some of the other Board members face, is what can we do as Board members when we are coerced into voting to adopt a rule that we so strongly disagree with.

Mr. Harper stated that he looked back as far as 1913 at the Board's enabling legislation and it said that this Board has the authority to adopt reasonable regulations that are necessary for protection of public health. In examining this language, I find that it is not reasonable nor is it necessary. I don't think the inclusion of this language is reasonable because I don't think it does anything to protect the health and safety of the women. I don't think it's necessary because I think women have enough sense to know that when they go in for this procedure what it will be and what the consequences are.

Mr. Harper suggested that the majority of the members voting agree with him, and that they will continue to uphold what the Board did in January. I would hope that each of you will vote your conscience and if you don't feel comfortable voting your conscience that you would abstain or refuse. I would also note that as I read this law, in particular 1086, it appears to me that the Department could adopt this rule even without the Board of Health because the law specifically states that the Department of Health shall adopt rules to enforce this law.

Ms. Melton stated that at this point she was asking for authorization to proceed with the administrative rules process which includes the public comment period.

Dr. Perry Amerine made a motion to move forward with the language as presented. Dr. Bryant seconded the motion.

President Lambert asked Mr. Brech if he had additional information related to this that would be appropriate at this time.

Mr. Brech added that most were probably aware that the Medical Board took a similar action that this Board did back in January. The Medical Board earlier this month did go with the statutory language.

Dr. Smith asked Mr. Brech to comment on the idea of the Department proceeding with rules without approval of the Board of Health.

Mr. Brech stated that was untested as far as he knew. The Board has always been the rulemaking or the governing body that took actions such as rulemaking. There are various sections in the code and the Department of Health is mentioned more than the Board of Health in some of these laws where it talks about passing rules for whatever event. I'm concerned that if the Board took this position, somebody might challenge other rules that you've passed where it said the Department of Health as the rulemaking authority. But it is untested and I have always respected George's opinion; maybe that's possible but it is untested and would go against the tradition of the Board. If you go back to 1971 or '73, when the initial abortion facility laws were passed, it said at that time that the Department of Health would pass the rules. So up to this point, you have passed the rules regarding abortion facilities.

Dr. Smith said that he would hope that we didn't ever have a situation where the Department is moving forward with actions without the Board of Health. I don't think that would be a healthy precedent for the state.

Dr. Robbie Thomas Knight stated that she would have to vote "no" on this motion. To explain, she went on to say that she would like to go along with the Board of Health, but this language is shaming, blaming, and inflammatory. It would be like me voting for other unacceptable language. I will have to vote "no" and I appreciate Mr. Harper's research and I'm sorry others do not think it would be acceptable.

Dr. Fincher asked if it was correct that a vote for this motion would be to use the original statutory language and not the proposed changes from the last Board meeting.

President Lambert stated that that is correct, that document does not have the proposed language from the last Board meeting. He added that he didn't like the statutory language any more than anybody else, and asked Ms. Melton if it showed up on any document or anything that is presented to the woman at the time of the procedure or in the discussion of the consent or anything like that?

Ms. Melton stated that she could not be absolutely certain of all the documents that the facility might share with a patient, but it is highly unlikely that this definition would be included in any of the paperwork that a patient would be required to read and sign.

Mr. Brech added that there was a form in Act 1086 and in the statutory language it does spell out specifically what the woman has to sign and it does have that language. You will find that form in the back of the appendix.

President Lambert asked Mr. Brech what happens if we decide to vote against this rule. What is the step from here?

Mr. Brech said that the form has passed and is already being used by the facilities. What you are down to is what the definition of abortion is for the purposes of your rule. There are a few places in the rule where "abortion" is mentioned and most of the time it is in the other definitions. As much as the language is inflammatory to some, it is highly unlikely that women aren't going to see your definition or the legislature's definition of "abortion." What they will see is that form and that form will have that language in it.

Dr. Anika Whitfield vocalized her support of George Harper. She stated she believed just because we've done something for years, it is the Board's obligation to figure our position and to stand firm with it and for that reason I definitely support George Harper.

Mr. Harper said that if you read Act 1086, the Act that is incorporated into these rules, the part that I object to, it is clear that is not just technical, the legislature intends that when a woman goes in to have an abortion that she states in writing that she realizes what she is doing will result in the death of her unborn child. To the extent that these rules would reinforce that, that's what I'm opposed to.

Dr. Amerine asked Mr. Brech if his understanding was correct that a statute has passed, and that a Board or a medical group has gone back to a legislative body or a committee to see if they would adopt a different language.

Mr. Brech stated that the Medical Board in January appeared before the Rules Subcommittee of the Legislative Council and in that meeting they proposed to the legislative committee that the language be changed from "death of unborn child" to the "death of a fetus." They tried to explain to the committee members that they were doing this for scientific reasons, they wanted to use the more medical term. That was flatly rejected by the committee. They made it very clear that they wanted the definition as it appears in the statute, that the Board did not have the authority to change their definition.

President Lambert stated that he knew this was a difficult subject, very sensitive and inflammatory. We have a motion on the floor that has been seconded to accept the rules and regulations as presented in the Board packet. At this point we will take a vote. A show of hands was taken and the members conferencing in by telephone responded by stating "aye" or "nay"; the motion made by Dr. Perry Amerine to move forward with the language as presented passed.

#### **NEW BUSINESS**

#### **Approval of MEMS Proposal for Clinical Investigation**

Mr. Greg Brown, Associate Branch Chief, Preparedness and Response, stated that the EMS rules and regulations require that a pilot study be presented to the Governor's Advisory Council for Emergency Medical Services. In January of this year this was presented; it was approved unanimously by that committee and we bring it to this Board for approval. This is a pilot study for Metropolitan Emergency Medical Services (MEMS) to pilot a tiered response system which is used across the country. It allows, through nationally certified emergency medical dispatchers to use the card system. The rule now requires that on every call a paramedic ambulance be dispatched if you are a licensed paramedic service. This pilot will allow MEMS, on certain calls, to prioritize those, send the appropriate resource and then respond accordingly. They want the support as required by the Board of Health to put this pilot into place. During a period of six months they will provide reports back to the Department. In the process, we will be opening up the rule and looking at incorporating this as a natural progression in the national EMS scope of practice.

Dr. Lee Johnson made a motion to approve the pilot study. Dr. Susan Jones seconded the motion and the motion carried.

#### **Approval of Proposed Trauma System Budget for Fiscal Year 2017**

Mr. Greg Brown, Associate Branch Chief, Preparedness and Response, stated that Arkansas Statute 20-13-804 requires that the Trauma Section present the budget of the trauma system to the Board of Health for approval. In April of this year the budget was reviewed by the Trauma Finance Committee and approved. This is the budget that we present to you today for approval.

President Lambert asked Mr. Brown to go through the carryover funds. Mr. Brown stated that the budget says "Anticipated Carryover." From year to year there has been a carryover of funds that have been appropriated by the legislature to use in years moving forward. Those are anticipated and we won't know until the end of the fiscal session whether those funds are available or not. All of the anticipated carryover funds will be located in system enhancements and in special projects. If those funds are allowed for us to carryover, we will go back to the finance committee, they will work through how to appropriate those by line item budget and then they will go back into place. So we ask for approval and if those things are there, they historically have been used for system enhancement.

President Lambert asked Mr. Brech if he wanted to add to Mr. Brown's comments. Mr. Brech stated that in the past we did feel comfortable that we would get the carryforward money. It has been carried forward from the beginning because when these tax revenues came in initially they built up before the program had a chance to get running and start spending some of that money. In discussions with the Legislative Research people and legislators, it was evident that that carry forward may not be there this year. So we would not allow them to budget those funds this year. Typically with all the Department budgets, each program has to come in and give a breakdown of what their expected revenues are, and we either accept that or not. In this case we did not let them budget the carry forward or certify that as income. We don't expect the carry forward of about \$3.5 million to be available next year.

Dr. Bryant asked Mr. Brown to explain the purpose of the Arkansas Trauma Education and Research Foundation. Mr. Brown stated that it is an education foundation that was created in 2011 and it is used for educating our providers. There are certain things within the EMS and trauma rules that hospitals, physicians and nurses have to have as far as credentialing in order to be designated. So this organization teaches those classes. They also teach classes that come up through special projects. It is an educational organization that uses nurses, doctors and others within the specialty of trauma care.

Dr. Zini asked if the carry over dollars would come back to the Board for approval of how those dollars are spent. Mr. Brown stated that with the carryover funds, what happens historically is that groups, organizations or otherwise will come and present projects to the finance committee. They then will present a proposal requesting these funds for a particular project. They are either approved or denied based upon their impact on the overall system. A lot of these funds have been carried over sporadically since the beginning of the system.

Dr. Smith gave a general background of what carryover funds are. They are funds that are not used in a budget year. Most of our programs don't get to carry funds forward; you use it or you lose it. In the case of the trauma system, because the first year was building and ramping up, it wasn't possible to responsibly spend that year's budget in that year. Authority was given to carry that forward so those amounts have gradually been decreasing over the years. Those funds are being used now to take care of enhancements that could make the program better or more efficient or more impactful. That is historically why we have had this carry forward year after year.



Dr. Johnson stated his concern is that we have a fiduciary responsibility. We have a large amount of funds, representing approximately 20% of a \$19 million budget, that seems to be discretionary and we really don't know what the funds are being spent on until after the fact as opposed to it being budgeted. Dr. Smith asked Mr. Brown how much of last year's carry forward funds were actually spent. Mr. Brown stated that off the top of his head, \$800,000, probably somewhere in that range. But these projects that come up are vetted by the finance committee as well as by the Governor's Trauma Advisory Committee and by the Department. It's not that these projects are just thrown out.

President Lambert entertained a motion for approval. Mr. Alan Fortenberry made a motion to approve the trauma system budget for fiscal year 2017. Dr. Fincher seconded the motion and the motion carried.

### **Proposed Rules and Regulations for Emergency Medical Services**

Mr. Greg Brown, Associate Branch Chief, Preparedness and Response, stated he was seeking the Board's approval to start the administrative process for the rules revision. The rules before you have been supported by the vast majority of stakeholders, the Nursing Association, the Hospital Association, hospice, home health, and the medical society. All of these groups have come together to work on these rules. The rules follow the statute almost to the letter. This is a national education program; they have to be certified nationally in order to perform this particular procedure. It can only be a part of a currently licensed paramedic program, so it's very specific as far as scope of practice.

Ms. Peggy Walker moved to approve the proposed revisions to the rules and regulations. Dr. Whitfield seconded the motion and the motion carried.

### **Proposed Rules and Regulations Pertaining to Management of Medical Waste from Generators and Health Care Related Facilities**

Mr. Robert Brech, CFO, stated that in the past the medical waste rules were changed to require a medical waste transporter to weigh each of the tubs of medical waste at the time of pickup. That was objected to by some of the medical waste transporters because it was cumbersome, and the scales were not always accurate. There were some problems with that, but it was the best solution at the time. A company came in and gave a presentation of how they can track these medical waste tubs from the time of pickup until the time it is at the medical waste disposal site. If a company has that type of system, they can track the medical waste from the time of pickup until the time of incineration or disposal. We think this is a better solution. During the rulemaking process, we are going to allow this company to do this and we will monitor this to see if there are any issues. The agreement was, if there are any issues and we don't feel comfortable with the way this is going, we will pull the rule back and we will come back and let you know that.

Ms. Walker asked about the cost, it's weighed at the site, and they charge us by cost, how will that be impacted?

Dr. Smith added that they actually charge by volume, not by weight. Mr. Brech stated that it could be different, depending on how much medical waste was generated. Some generators may pay by the pound, or by the tub, and some may pay a monthly fee. If they have a system in place where they can track, within 14 days they would have to report back to the generator the weight that they picked up. The fees they pay the Department to monitor this program is by the weight, so we will be able to track how much each generator did and then we will be able to calculate what they should pay on their fees.

Dr. Susan Weinstein made a motion to approve the changes to the medical waste rules and regulations. Dr. Johnson seconded the motion and the motion carried.

**Proposed Rules Governing the Advisory Board for  
Interpreters Between Hearing Individuals and Individuals  
who are Deaf, Deafblind, Hard of Hearing and Oral Deaf**

Ms. Elizabeth Harris, J.D., Deputy General Counsel, presented rule changes for this new Board. A big problem was CEU requirements. Someone was able to avoid getting their required CEUs by using a rule that said they could get relicensed on March 1<sup>st</sup> if they had not already been licensed. They reapplied for a new license, got it, paid extra money and didn't have to do any CEUs. That defeats the purpose of the licensure. We corrected that and made it to where you could go on inactive status. We also clarified the requirements for renewal; the documentation was a little unclear.

Ms. Harris stated that a subcommittee met over the past year to discuss what level of credentialing was needed to practice in a specific area. Recommendations were made to change those levels. The educational interpreting was not dealt with; we do not specify what level of licensure is needed and it is not anticipated to be an issue this year.

Dr. Zini made a motion to approve; the motion was seconded and the motion carried.

**Proposed Rules and Regulations Pertaining to  
Reportable Disease**

Dr. Jennifer Dillaha, MPH, Medical Director for Immunizations, reported that she was before the Board to review the proposed changes in the rules, and to start the process for amending them. The proposal mainly has to do with changes needed to bring the reportable entities into compliance with the recommendation of national groups, particularly the Council of State and Territorial Epidemiologists. Under the list for notifiable diseases and conditions there are some changes, but we are clarifying language so that laboratories must submit isolates to us on this list upon request. That was vague in the past and we had difficulty from some labs being willing to submit the needed isolates.

There is a change to the cause of encephalitis. We have added to that. We have removed AIDS but have continued to want reportable information regarding HIV. So the AIDS would be under that umbrella. Some new diseases have been added, including Chickungunya and Zika virus, and a bacterial disease called Melioidosis has been added. We have changed the reporting from

staphylococcus aureus so that Vancomycin resistant is reportable but we are no longer asking that intermediate sensitivity to Vancomycin be reported. We have downgraded the immediate reporting of pertussis. We are not asking that invasive streptococcal pneumonia isolates be submitted any longer but we are asking that stool samples be submitted. The requirements for ophthalmia neonatorum have been struck; treatment is no longer required for that. It is so uncommon now that the risks are greater than the benefit.

Ms. Walker asked for help in understanding further the VRE. It's reported nationally in the NHSM, but you no longer want the VRE reported? Dr. Dillaha asked Ms. Walker if she meant enterococcus. Ms. Walker asked if the enterococcus is to be reported and Dr. Dillaha stated that had not changed. Dr. Smith stated now in certain settings half or more than half of the enterococcus is Vancomycin resistant so it makes no sense to report it through this mechanism.

Dr. Yamauchi wanted to clarify that the State Hospital Infection Control group still wants that kind of information on Vancomycin resistant, so it is not eliminated completely.

Dr. Susan Jones asked what the change is in AIDS/HIV. Dr. Dillaha responded that in HIV we are asking that the information related to the qualitative or the quantitative and the genotyping tests for HIV be reported. The reason is that we track for case management purposes. Even if a person hasn't progressed to AIDS, we are following them. It's not necessary to have a separate AIDS reporting.

Dr. Smith made a general comment about the reportable disease list. As our previous state epidemiologist, I felt like we should keep this list as stable as possible so we weren't changing it all the time. As a consequence, it began to resemble less and less national lists in other states and with emerging threats such as Ebola and Zika, I have come to the conclusion that was a flawed strategy and we should treat this more like our controlled substances list. I have given our state epidemiologist the green light to keep this as up-to-date as possible.

Dr. Hui made a motion to approve the proposed changes. Dr. Susan Jones seconded the motion and the motion carried.

#### **Approval of Appointment to the State Committee Of Plumbing Examiners**

Mr. Don Adams, Center Director for Local Public Health, advised the Board he was here to present for consideration the appointment of Jeff Lockhart to the Committee of Plumbing Examiners. The Department has recommended Mr. Lockhart, a ten year employee with the Department. He is a Senior Environmental Health Specialist.

Mr. Fortenberry stated that he would recommend, and make a motion that the Board accept the recommendation of Mr. Lockhart's appointment to the Committee. Dr. Zini seconded the motion and the motion carried.

**Approval of Appointment to the Arkansas Drinking  
Water Advisory and Operator Licensing Committee**

Mr. Jeff Stone, P.E., Director Engineering Section, advised that each year he comes before the Board asking for an appointment to the Drinking Water Advisory and Operator Licensing Committee. This year's appointment is for a member from the teaching staff of a state institution. Two nominations for this Committee are Dr. Yeonsang Hwang of Arkansas State University and Dr. Lashun Thomas of UALR.

Mr. Fortenberry stated that he had spoken to both candidates and he recommended, and made a motion that the Board appoint Dr. Lashun Thomas to this Committee. Dr. Fincher seconded the motion and the motion carried.

**Approval of Appointment to the  
Cosmetology Technical Advisory Committee**

Ms. Kelli Kersey, Section Chief, Cosmetology and Massage Therapy, came before the Board for approval of appointment of Brian Keary as an At-Large-Member of the Advisory Committee. Eleven applications were received, but Mr. Keary was the best qualified.

Mr. Harper made a motion to approve. Mr. Fortenberry seconded the motion and the motion carried.

**Collection of Microcephaly Data on Certificate of Live  
Birth Form and Certificate of Fetal Death Form**

Ms. Shirley Louie, Center Director for Public Health Practice and State Registrar, came before the Board asking for approval to add the congenital abnormality microcephaly back to the live birth form as well as the fetal death form, in light of the recent Zika outbreak. One of the consequences of a woman being infected with the Zika virus and becoming pregnant is the possibility of having a child with the congenital abnormality referred to as microcephaly.

Ms. Walker made a motion to approve. Dr. Hui seconded the motion and the motion carried.

**Proposed Findings of Fact, Conclusions of  
Law and Order for Advanced EMT Don Galbraith**

Ms. Elizabeth Harris, J.D., MPH, Deputy General Counsel, reported that a hearing was held on March 9, 2016, with the Respondent, Don Galbraith, in attendance. The Committee determined that Mr. Galbraith, owner of an ambulance service out of Perry County, crossed the line into Conway County to initiate patient contact and begin patient care in Conway County. Respondent Galbraith discovered that the patient was in Conway County, stopped providing care and advised the patient that he could not help any further, he was in the wrong county. Mr. Galbraith left the scene before the other county's ambulance arrived. The subcommittee upheld the section's findings of patient abandonment and that Mr. Galbraith failed to meet the standards of care as set forth in the rules and regulations. The Subcommittee recommended that Mr.

Galbraith be suspended for twelve months and was required to complete twelve hours of continuing education. Once he successfully completed the twelve month suspension, he would then be placed on twelve months' probation.

Dr. Zini made a motion to approve the proposed findings of fact. Dr. Fincher seconded the motion and the motion carried.

**Proposed Findings of Fact, Conclusions of  
Law and Order for EMT Brad Akridge**

Ms. Elizabeth Harris, J.D., MPH, Deputy General Counsel, reported that Mr. Akridge, an EMT, was employed by Mr. Galbraith and at the scene of an accident at the time Mr. Galbraith failed to transport a patient to a hospital and left the scene. Mr. Akridge did not want a finding on his license, so he to complete six hours of continuing education within 180 days, and if that was completed successfully, nothing would show on his license as having happened. If this was not completed successfully it would be noted on his license that he was placed on probation due to the violations in the rules.

Dr. Johnson made a motion to approve the proposed findings of fact. The motion was seconded and the motion carried.

**Approval of Active Consent for Release of Data  
From the Arkansas Central Cancer Registry**

Mr. Ron Brown, Epidemiologist, Arkansas Central Cancer Registry, came before the Board requesting approval to release data for an active consent that was received from NAACCR in February. They would like to release data to researchers from the National Cancer Institute to do a follow-up study on ovarian cancer. A previous study in 2002 showed there was an accelerated decrease in incidence of ovarian and endometrial cancers after the reduction of use of menopausal hormone therapy. Now they would like to see if that correlates to any increase in mortality or increase in survivorship.

Dr. Weinstein made a motion to approve. Dr. Zini seconded the motion and the motion carried.

**Other Business**

**Voluntary Stroke Ready Hospital  
Designation Toolkit**

Appathurai Balamurugan, M.D., Medical Director, Chronic Disease Prevention and Control Branch, gave an update on the voluntary stroke designation program in Arkansas.

## Zika Update

Dr. Susan Weinstein, DVM, MPH, State Public Health Veterinarian, gave an overview of the Zika virus, which is primarily spread by Aedes mosquitoes. Zika infection is a particular concern to pregnant women because of the association of birth defects.

## President's Report

Mr. Lambert closed the meeting by reading a resolution for Dr. Larry Fritchman:

### **ARKANSAS STATE BOARD OF HEALTH Resolution Honoring Larry Fritchman, DVM**

**Whereas**, Larry C. Fritchman, DVM, has practiced veterinary medicine in the State of Arkansas for over forty years. Throughout this time, he has served his profession and the citizens of Arkansas through membership in the Arkansas Veterinary Medical Association, the West Little Rock Kiwanis Club, the Oak Forrest Lions Club, and the Arkansas State Board of Health.

**Whereas**, Dr. Fritchman has been licensed to practice veterinary medicine in the State since 1973. He has also had a longtime interest in public health, earning a Master of Science in Public Health from the University of Missouri in 1970.

**Whereas, in** 1990, Dr. Fritchman served as the President of the Arkansas Veterinary Medical Association. He has also served as past vice president and secretary/treasurer of that organization. Not only has he served his profession, but his community as well, through his tenure as President of the West Little Rock Kiwanis Club and the Oak Forrest Lions Club.

**Whereas**, Dr. Fritchman provided veterinary care to Arkansans through his own veterinary practice, Markham Heights Animal Hospital. Even after selling that practice and retiring, he continues to serve as a part-time veterinarian offering his skills and expertise to Arkansans and their beloved pets.

**Whereas**, from 1995 to 2015, Dr. Fritchman was a dedicated Board member, who was always willing to volunteer his time to serve as chairperson on the Hearings Subcommittee. As Chairperson, he made great efforts to ensure just results that benefited public health in Arkansas.

**BE IT RESOLVED** that, in recognition of twenty years of service to the citizens of the State of Arkansas in furtherance of public health, the Arkansas State Board of Health hereby acknowledges and honors Larry Fritchman, DVM.

A motion of acceptance was made by Mr. Harper and seconded by Dr. Amerine. The resolution carried.

### Director's Report

Dr. Smith stated he only had two brief items to report. First, with the appropriation for Arkansas Works, although our department budget has not yet been approved, we are not expecting to take the kind of cuts we would have had to otherwise if that had not gone through.

Second, there is a measles outbreak in Memphis. I believe there are six cases there and so far no cases have been detected in Arkansas but we are watching closely. Measles is a highly communicable disease. The MMR vaccine is highly protective but those who have not gotten that immunization, for various reasons, are at risk.

### Public Comments

There were no public comments to be made.

There was no further business to come before the Board and Dr. Zini made a motion to adjourn the meeting. Dr. Johnson seconded the motion and the meeting was adjourned at approximately 12:15 p.m. on April 28, 2016.

Respectfully submitted,



---

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

---

July 28, 2016