

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

**August 3, 2017**

**MEMBERS PRESENT**

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

**GUESTS PRESENT**

Joseph Bates, M.D., Deputy State Health Officer  
Ann Purvis, Deputy Director Administration  
Stephanie Williams, Deputy Director for Public  
Health Programs  
Namvar Zohoori, M.D., Deputy Chief Science  
Officer  
Robert Brech, General Counsel  
Reginald A. Rogers, Deputy General Counsel  
Brooks White, ADH Administrative Law Judge  
Renee Mallory, Center Dir. for Health Protection  
Mike Wilson, EOC, Technical Manager  
William Mason, Branch Chief, Preparedness and  
Response  
Don Adams, Director, Center for Local Public  
Health  
Christy Sellers, Director, Center for Health  
Advancement  
Terry Paul, Environmental Health Branch Chief  
Jeff Stone, P.E., Director Engineering Section  
Robin Michaels, Engineering Section  
Richard McMullen, ADH Senior Scientist  
Glen Baker, Director, Public Health Lab  
Steve Carter, Chief Financial Officer  
Xavier Heard, Director, Human Resources  
Vishakha Hariawala, Chronic Disease  
Connie Melton, Branch Chief, Health Systems  
Licensing & Regulation  
Kelli Kersey, Cosmetology & Massage Therapy  
Shirley Louie, Dir., Center for Public Health Prot.  
Bob Higginbottom, Director, Protective Health  
Haley Ortiz, ADH Health Policy Director  
Marisha DiCarlo, Ph.D., Director Health  
Communications  
Katie White, Public Information Specialist  
Abby Holt, Cancer Registry Admin, Health  
Statistics  
Lynda Lehing, Branch Chief, Health Statistics  
Sherri Woodus, Retail Food Service Manager,  
Environmental Health

Denise Robertson, Registered Pharmacist,  
Pharmacy Service and Drug Control  
James Joiner, Facility Engineer Supervisor, Field  
Support Services  
James Myatt, Branch Chief, Pharmacy Service  
and Drug Control  
Angela Minden, Health Physicist, Licensing and  
Regulations  
Bernard Bevill, Section Chief, Radiation Control  
Karley Altazan, Legal  
Anna Hurst, Legal

## MEETING OF THE ARKANSAS STATE BOARD OF HEALTH

The quarterly meeting of the Arkansas State Board of Health was held Thursday, August 3, 2017, in the Charles Hughes Board Room of the Freeway Medical Building in Little Rock, Arkansas. The meeting was called to order at approximately 10:00 a.m. with Dr. Miranda Childs-Bebee, Dr. Beverly Foster, Dr. Anthony Hui, Dr. Lee Johnson, Dr. Susan Jones, Mr. Jim Lambert, and Dr. Robbie Thomas-Knight participating by teleconference.

### APPROVAL OF MINUTES

President Yamauchi entertained a motion for approval of the April 27, 2017 Quarterly Meeting minutes. Dr. Robbie Thomas-Knight recommended corrections to remove George Harper as a member and assign the appropriate prefix/titles for members. Dr. James Zini made a motion to accept with the editorial corrections. Ms. Catherine Tapp seconded the motion. The motion passed and the minutes were approved per the changes.

Dr. Nate Smith presented The Resolution of the State Board of Health Recognizing Dr. Joseph H. Bates, M.D., MS (included). Motion passed to accept the nomination of the resolution.

### OLD BUSINESS

#### **Revisions to the Rules and Regulations Pertaining to Arkansas Prescription Drug Monitoring Program – Daily Reporting**

Dr. James Myatt requested final approval for the revision. Motion to approve by Dr. Gary Bass; seconded by Dr. Susan Weinstein. Motion carried.

#### **Radiation Control Final Rule Package Approval**

Mr. Bernard Bevill set before the Board the finalized rules and regulations updated to be compatible for the Nuclear Regulatory Commission. They have gone before a public hearing with no objections. The regulatory commission had several comments for changes, which were deemed non-substantive. This has been before the Public Health Committee and received a favorable review. It is scheduled to be considered by the Administrative Rules & Regulations Subcommittee on August 15<sup>th</sup>. This is a request for the final board approval pending a favorable review by the Administrative Rules & Regulations Subcommittee. Mr. Alan Fortenberry moved to approve with the stipulations stated. Motion seconded by Dr. Weinstein. Motion passed.

## NEW BUSINESS

### Request for Approval to Release Data for NAACCR and Non-NAACCR Cancer Studies

Ms. Abby Holt from the Cancer Registry stated they have had several requests from the North American Association of Central Cancer Registries. They have submitted the de-identified set where researchers can request data. The Science Advisory Committee and the subcommittee of the Board of Health approved the following studies:

1. Forecast of trends in esophageal and gastric cancer in the U.S. through 2030
2. Spatial analysis of sociodemographic risk factors for incidence of triple-negative breast cancer
3. Incidence of hepatocellular carcinoma and intrahepatic by racial/ethnic group in the U.S.
4. Rates of cancer among children and young adults in the U.S.
5. Measuring observed incidence of prostate cancer by grade and extent of disease for race/ethnic groups in the U.S. and Canada
6. State-level lung cancer burden

There was another study that was submitted from the CDC and the Agency for Toxic Substances and Disease Registry. This is a cohort study and they are requesting a linkage with their participants. It is named the Cancer Incident Study of Marines, Navy Personnel and Civilian Employees Exposed to Contaminated Drinking Water in the U.S. Marine Corp based in Lejeune, North Carolina. This study was approved by the ADH Science Advisory Committee. Dr. Zini motioned for approval. Motion was seconded by Ms. Tapp and motion carried.

### Rules and Regulations for the Food Establishments Update to the 2013 FDA Food Code

Mr. Terry Paul asked to begin the procedure to update the Rules and Regulations for Food Establishments. The update reflects compliance with the 2013 Federal Food Code, which is the guidance document put out by the Federal Government. Multiple additions for exclusions regarding certain illnesses and timeframes, along with other changes were included in the document. Additionally, the changes reflect a joint effort with the Arkansas Hospitality Association to phase in a new requirement for restaurants to have a certified manager present. Ms. P.J. Walker questioned if this would also apply to hospitals, and Mr. Paul confirmed it would. Dr. Weinstein wanted clarification under the definition of a "service animal," noting that there is a definition by the ADA and using its language might prevent confusion. The ADA's definition of a service animal is 'any dog that is individually trained to do work or perform tasks for the benefit for an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability.' She believes it is important to have the word task included, as legally there are two (2) questions that can be asked of a person attempting to bring an animal into a food establishment, one of which is "does this animal perform a task." Dr. Smith clarified this change would clarify the definition without changing its current meaning. Mr. Paul had no objection to use that particular definition in the regulation update. Dr. Weinstein clarified the only animal allowed to be called a "service animal" is a dog, with minor exceptions for miniature horses. Service animals are not the same as a "comfort animal," as they do not perform a task. Motion to approve from Mr. Tom Jones; seconded by Dr. Zini. Motion was approved.

### State Committee of Plumbing Examiners Appointment

Mr. Bob Higginbottom requested a replacement of a member of the State Committee of Plumbing Examiners. The current member to be replaced has completed his two four year terms. The staff has recommended Mr. Larry Jones. Mr. Jones is a Professional Engineer with an extensive plumbing background. Dr. Yamauchi questioned if criminal background checks are performed during the appointment process. Mr. Robert Brech stated they are not, as it is difficult to obtain a background check without specific authorization. Dr. Smith asked if criminal background checks were required for licensure and if a criminal conviction was discovered, whether it would affect the licensure of the individuals. Mr. Brech said there is no requirement for plumbers to have a criminal background check for the licensure. Motion for approval of request was made by Mr. Fortenberry. Motion was seconded by Dr. Zini and the motion carried.

### Cosmetology Technical Advisory Committee Appointment

Ms. Kelli Kersey requested approval for Cosmetology Technical Advisory Committee appointments as the terms end after the two years. The statute requires one cosmetologist, one nail tech, one school owner (private school owner or state director), one licensed aesthetician, and three at-large members. There can only be two members from any congressional district. They consider the experience, interest, minority status, area of expertise, and geographical area within the congressional districts. It is an attempt to cover as much of the state as possible. With regard to prior appointments, the first year they kept the Chair, the next year they kept two members, and this year they are keeping three members. The following individuals were submitted for appointment. In District 1 - Ha Son Le, Nail Tech from Manila; District 2 - North Little Rock: Carla Jones, Cosmetologist and instructor, member at-large (current member) and Andrea Wilson, private school owner. From District 3, Sara Trixler an Aesthetician/Manicurist from Fort Smith and Daniel "Rex" Paxton, Cosmetologist in Bentonville. In District 4, members at-large appointments were Tonya Boydstrum, Director of a public cosmetology school in Mena (and current Chair), as well as Lois Ware, Cosmetologist/Instructor in Arkadelphia and current member. Dr. Yamauchi asked how many members are on the Committee. Ms. Kersey stated there are 7 members. Mr. Fortenberry requested clarification on the staggering of appointments. Ms. Kersey explained each member has two year terms with five term limits, therefore they can reappoint the same members within the yearly term limit. They believe three new appointments is the optimal number to ensure consistency while also obtaining new ideas from new members. Motion to approve appointments made by Ms. Tapp, seconded by Mr. Fortenberry and motion approved.

### **Proposed Revisions to Rules and Regulations for Massage Therapy in Arkansas**

Ms. Kersey stated in the 2000 legislative session, a law was passed to add the definition of 'cupping' to massage therapy. Cupping is also allowed by the Acupuncture Board. Under the massage therapy laws, if the procedure is allowed under another practice and not specifically listed in the Massage Therapy Practice Act, it may not be performed. Act 530 added cupping to the Massage Therapy Practice Act. The program requested approval to start the administrative process for rule change to add cupping therapy. They would include the definition of cupping therapy, requirements for cupping, and remove limited forms of payment. Dr. Clark Fincher questioned if there is scientific evidence showing that cupping is safe, effective, or helpful for any medical condition to improve the patient's health. Dr. Smith said that he is unaware, but he did not believe it could cause any harm. He also commented that he is aware it has been a common practice in some cultures, such as in the Vietnamese community, and has more recently become popular among athletes. Dr. Fincher stated he was unsure of the role of the Board to approve therapies that have no scientific basis or evidence ensuring effectiveness and safety. Dr. Smith said this was already being done by acupuncturist and now the rule change would allow massage therapists to perform cupping therapy. Ms. Kersey stated that different forms of cupping can be performed, for example with heat or fire. However, they have specifically said they could not use fire. Dr. Foster commented the NIH has a division, National Center for Complimentary Integrated Medicine, which has an in-depth discussion on cupping. They also have descriptions and no negative recommendations along with a list of relevant articles that may be used as a resource. Motion to approve from Dr. Weinstein; seconded by Dr. Greg Bledsoe. There was one opposition from Dr. Fincher and one abstaining from Dr. Thomas-Knight. Motion carried.

### **Rules and Regulations Pertaining to the list of Controlled Substances for the State of Arkansas**

Dr. Myatt requested to begin the administrative process to update the list of controlled substances based on FDA guidelines. Mr. Brech added language to avoid a conflict if the FDA approves cannabiniol or other similar substances in the future. Motion to approve by Mr. Gary Bass and seconded by Dr. Weinstein. Motion carried.

### **Revisions to the Rules and Regulations Pertaining to Arkansas Prescription Drug Monitoring Program**

Dr. Myatt stated they are requesting to begin the process to revise the proposed amendments to the Rules and Regulations Pertaining to the Arkansas Prescription Drug Monitoring Program. We had three Acts this year that affected the PDMP (Acts 46, 688, and 820). The following summaries of proposed amendments were presented:

1. Access is allowed by the Arkansas Medicaid Prescription Drug Program
2. Clarification regarding removing patient identification from the information provided to researchers
3. Information may be provided to insurance carriers for the purpose of verifying prescriber or dispenser registration with the Arkansas Prescription Drug Monitoring Program (PDMP)
4. Mandatory usage of PDMP

5. Add two new members to the PDMP Advisory Committee
6. Prescribing criteria for controlled substances will be developed and reports generated to prescribers, dispensers, and licensing boards based upon this criterion
7. The penalty for failure to use the PDMP
8. Real-time reporting by the PDMP will be implemented if funding and technology is available

Dr. Eddie Bryant questioned where it is outlined about the prescription of opiates and the monitoring for the prescriber. Dr. Myatt explained it is outlined in the rules and regulations that a prescriber shall check the PDMP every time when prescribing an opioid from a Schedule II or III and the first time when prescribing a benzodiazepine. Dr. Zini directed that the rules did not specifically apply to prescriptions given directly after surgeries (for a one time prescription) and it did not state if it was while the patient was in the facility. Dr. Smith clarified that, while a patient is in the hospital there is an exemption, but when they go home there is not. It was suggested the PDMP may be checked by delegates in advance of the surgical procedure. Dr. Fincher asked what is the relationship and the authority of the State Medical Board in comparison to ADH regarding the PDMP rules and enforcement. Mr. Brech stated the Act gave authority to the Board of Health to add exemptions to those already provided in the law. As far as the rulemaking authority, there is a process which requires a recommendation made by Dr. Smith to the Board. The Department would utilize the typical rulemaking steps, but final approval of the Legislative Council would require a three-fourths vote. Dr. Weinstein mentioned the Act currently states you shall check for any Schedule II and III opioid, but is not mandatory for other controlled substances. Mr. Brech explained that it is encouraged in many circumstances; however, with regard to the first time prescribing benzodiazepines and all prescriptions of Schedule II & III opioids, it is required. Dr. Fincher questioned whether the State Medical Board should adopt the rules as they are requiring practitioners to check the information, or if it has the authority to adopt different or additional requirements. Mr. Brech clarified the Medical Board may add or refine requirements, but what is in the law regarding mandatory checking governs the matter. Ms. Purvis clarified at this point there could be other positions at some time from the State Medical Board. Dr. Zini would like to know how to properly monitor patients who receive short term pain relievers after a procedure and are also being supplied by opioids for Chronic Pain Management.

Dr. Bledsoe inquired as to whether the verification process to ensure physicians are checking the PDMP will be conducted through a random spot checking system or only after a problem is identified. Dr. Smith believes as of now, it may be complaint driven. Ms. Ann Purvis confirmed Dr. Smith's comment and further stated there will be a log created when people access the system that is tied back to their ID number. Hopefully by the beginning of the year, the system will be designed to make reports available not only to the regulators, but perhaps the practices themselves so that they can check and see if they are in compliance with the law. Within the next 60-90 days batch processing will be available, allowing patients to be checked prior to appointments.

Dr. Bryant questioned if there would be a penalty for physicians who do not access the PDMP before prescribing. The Medical Board would have to decide what the penalty would be. You may check the PDMP, but you are still able to prescribe. Dr. Bass referenced the 'prescribing criteria' in the Act as to how they would control the prescriptions given to chronic pain

management patients after surgery. The Medical Board would be responsible to create those criteria and those may be helpful with regard to balancing.

Ms. Purvis said the ADH should, within peer groups, create a prescribing report on a quarterly basis to be given to prescribers. Dr. Yamauchi believes the Board is still concerned and would like to continue this discussion before approval. Dr. Bryant noted his group of 10 clinicians receive 60 requests from new patients every day and would like to use this program to screen patients before accepting them. They were legally advised that it would be unethical and illegal because the patients are not yet their patients, and it would be an invasion of privacy. He suggested advising other physicians in the state that they cannot do this.

Dr. Zini believes the Medical Board and Board of Health need to collaboratively monitor and provide clear direction as to what the penalties are and who a doctor or a provider writing might be called to task by. While he was on the Medical Board, physicians were allotted an opportunity to meet with a group of peers to try and remedy prescribing issues before having to be reported to the Board. He is concerned how doctors would answer to different entities (BOH or Medical Board). Ms. Purvis explained the ADH does not regulate the practice of medicine, but rather seeks to gather data that could be helpful in creating prescribing guidelines. ADH will create a report that will be sent back to prescribers on a quarterly basis so they can see what their prescribing practice looks like within their cohort. After a year, if an outlier has not come into compliance, then that information will be provided to the Medical Board. This does not trigger a complaint, but merely places the prescriber on a list for contact. Motion made by Dr. Zini and seconded by Dr. Bledsoe. Motion carries to accept the changes.

**Approval of Proposed Findings of Fact, Conclusions of Law and Order – Arkansas  
Department of Health v. Wiederkehr Village**

Mr. Reginald Rogers explained this incident included the use of old equipment and lack of cooperation to remedy the issue. They have been assessed a \$500 fine and will also be required to issue a boil order, have a redundant pump station and emergency power for the pump. They must comply within 90 days of the decision. Mr. Fortenberry is asking the water authority to connect to a nearby system; however, the nearby system may not want to accept it. If it were to join another system, the larger system takes responsibility regarding corrective action, and the Board would have to check to make sure it is accomplished. Dr. Zini inquired if they have the responsibility to follow the guidelines. Mr. Jeff Stone commented the proposed position presented was that they could attach to a larger system or invest in an updated system to comply. Motion made by Dr. Zini; seconded by Mr. Fortenberry with no opposed, therefore the motion passed.

**Approval of Proposed Findings of Fact, Conclusions of Law and Order – Arkansas  
Department of Health v. Paron - Owensville**

Mr. Rogers explained this involved issues of recording and submitting operational evaluations, failure to provide public notifications, and a failure to pay public water system fees. With the exception of the \$500 fine, they requested to waive the public water system fees because they caught up on them to date. Mr. Stone stated at this time they have updated their system and paid their fees. Motion for approval was made by Mr. Fortenberry. Dr. Weinstein seconded the



motion and the motion carried. In discussion, Mr. Fortenberry requested a change in format in the Order.

**Approval of Proposed Findings of Fact, Conclusions of Law and Order – Arkansas  
Department of Health v. USCOE Howard Cove**

Mr. Rogers stated the issue involved a leased marina concession area attached and owned by the Corps of Engineers and leased by Mr. Rob Griffith. ADH had an issue with the recording, reporting, and sampling by the lessee. The Corps of Engineers appeared and would likely make adjustments to the contract as necessary. Mr. Griffith was assessed a \$100 penalty for the first two issues and required to publish all outstanding public notices. Dr. Zini questioned if they have communicated in any other way since Mr. Robert Griffin did not appear at the hearing. It was answered he responded by email regarding his reason for not attending. He asked further why this was not addressed earlier by the Corps of Engineers. Mr. Rogers explained they were unaware of the issue as the lessee did not release the information prior to the ruling. Motion made by Mr. Fortenberry; seconded by Dr. Bryant and motioned passed.

**Updates - Prior Board Actions**

Mr. Rogers gave an update on Mr. David Green and Mr. Craig Potter regarding the revocation of their water operator licenses. They did not appeal; therefore, the licenses are revoked for two years. There is no further action needed.

An update was given on Mr. Brad Crawford. He was an EMT who had his license revoked, and he has filed an appeal with the IZARD County Circuit Court. That appeal is pending.

Mr. Bevill provided an update for Mr. Coomer. He was in possession of a radioactive device. He has appealed the decision of the Board, and it is still pending. However, the device has been recovered and turned over to the manufacturer. As of August 1<sup>st</sup>, the manufacturer has confirmed receipt of the device and its deactivation. Mr. Coomer owes several thousand dollars in penalties.

**Vital Records Rules and Regulations – Related to Fetal Death**

Ms. Lynda Lehing, Branch Chief of Health Statistics, provided a draft of revised Rules and Regulations Pertaining to Vital Records, specifically the requirement for registration and reporting of spontaneous fetal death as adopted by Act 168. Currently the criteria for reporting spontaneous fetal death on a death certificate is a weight of 350 grams or more, or if the weight is unknown, 20 weeks gestation or more. The Act would change that to require reporting of 12 week gestation or more and removes the weight requirement. Also, the changes address some formatting issues of the rules and regulations. She requests the Board's approval to move forward with the administrative process. Motion was moved and seconded and carried.

**Local Grant Trust Fund Update**

Mr. James Joiner provided the Board with a revised update. The subcommittee met on June 15<sup>th</sup> to consider a request from the Jacksonville Health Unit for additional funding. It was presented

to the subcommittee that some changes, including a sloped metal roof were necessary. The request for \$100,000 was approved by the subcommittee. Motion to approve made by Dr. Zini; seconded by Mr. Fortenberry and motion carried.

### Administrative Updates

Ms. Purvis updated the Board of the federal district court's decision granting a temporary injunction on the rule change the Board of Health passed regarding fetal remains expelled at home. This was not filed as final; therefore, it has not been officially approved. She also presented to the Board the audit for FY16. There were no audit findings, which is impressive with an organization with over \$300,000,000 in expenditures.

As of August 1<sup>st</sup> the Office of Health Information Technology became part of the ADH. The ADH will be responsible for sustaining and expanding those operations, and it hopes to redesign the government structure. Communications were made with providers, payers, and other interested parties on how this can be a more effective exchange of information. There will be an attempt to provide a better integration of disparate systems. Convening of a stakeholder owners group will help determine priorities, one of which would likely be the PDMP, specifically to make it more integrated into EMRs and ensure accessibility. Dr. Bryant was unsure of the accessibility and transferability of medical charts, noting it may be a problem and may require a government solution.

Ms. Purvis explained that the vision is the readily sharing of information across disparate systems in order to have better patient care.

Also, the Board of Health was able to obtain a warehouse donated to the ADH for Emergency Preparedness from the M.K. Charitable Trust.

Dr. Bledsoe spoke about a series of medical conferences he has attended in the past for doctors on how to practice international medicine outside the office. It was well received; therefore, he is organizing a similar conference in March of next year at Heifer International to provide information on travel and wilderness training. He will provide brochures to distribute among medical providers. This is not a public entity using any public funds. This is private endeavor, using no public funds, to provide a conference for the State of Arkansas.

He added he has received questions from the public regarding healthcare issues and statewide versus the national legislative efforts. Governor Hutchinson is very much in support of the process in place of sustaining the healthcare system in the state.

## Medical Marijuana Update

Ms. Connie Melton stated they began accepting applications for medical marijuana registry cards on June 30<sup>th</sup>. They are accepted by paper or online application and registry system. Cards will not be issued for at least 30 days prior to availability of Arkansas medical marijuana. Therefore, no cards have been issued yet. As of the end of business on August 2<sup>nd</sup>, they received 863 applications. Of those applications 468 were incomplete and 395 have been approved. None have been denied. Those that are incomplete will receive a letter providing the applicant on the information that needs to be provided and will have the opportunity to complete the application correctly. Of the applications received, 20% are paper applications and 80% are online, which is the goal as it is more streamlined, saves time, and avoids errors on data entry.

There are 13 positions in the section, most have been filled. There are positions in IT and one in the epidemiology section to produce annual reports. The application registry was completed by Kevin Brown in the IT department. He created a very user-friendly program for applicants and staff. You may use any electronic device to apply, which does require a signature, but can be done with a stylus, mouse, or the finger of the applicant.

For the employee side, all the applications go into the queue as they come in. They must verify the information and the driver's license submitted. The program can connect with the DMV and confirm if the license is valid. It must then go to the supervisory level for approval. Letters are sent to physicians to let them know a signed certification with the patient's name was received. It is a courtesy notification, which allows the provider to contact ADH if any information submitted by the patient is incorrect.

There will be a competitive process to procure bids for a seed to sale program. This will be an electronic tracking system used by the dispensaries, cultivation, as well as the ADH. This will track marijuana from seed to sale. There will also be a finalization on the labeling template and health and medical information required on the labels and visiting patient form. There was clarification that an individual may not cultivate marijuana for personal usage.

Dr. Fincher questioned if the primary care provider must sign a release or whether the patient may get it from another doctor. Ms. Melton explained it may be from any physician or osteopath. Dr. Smith clarified they must have an established doctor-patient relationship. He also suggested scheduling a time slot for a BOH educational session which would perhaps cover those questions at the October meeting. Dr. Fincher stated there are several physicians in his practice that have no interest in prescribing medical marijuana. Dr. Smith explained there is no requirement for a physician to do so, but it does have to be through an established doctor-patient relationship. Dr. Fincher inquired of the procedure if their primary care physician would not sign the form. Dr. Smith stated they would need to find a doctor who would sign and there are many physicians that are willing to make this a large part of their practice. Dr. Fincher further queried if the patient would then have to switch doctors, which Dr. Smith explained that would be unnecessary. Dr. Zini mentioned it would be necessary to have a follow up regarding the patient-physician relationship. However, Dr. Smith said no follow-up is required with the exception that the certification needs to be renewed once a year. There was discussion of the definition of a patient-doctor relationship without the need for a follow-up. It was determined that without an ongoing follow-up from the doctor, it could still be considered a relationship, with the example of an emergency room physician.

It is still too early to see a trend in the conditions stated as the need for medical marijuana, however in other states it is typically for chronic pain. Although the BOH has spoken out against

the use of medical marijuana, they are still performing their duties in a timely and quality fashion.

### **New Food Service Inspection Online Access Portal**

Dr. Richard McMullen introduced our new online food inspection portal. This is accessible to the media and public. Several years ago, ADH started transitioning from a written document to a digital format that allows creation of a database. This will allow the media and individuals to quickly access the previous inspection of any facility in the state in real time. This should save time, increase productivity, and provide transparency.

### **Healthy Active Arkansas**

Dr. Marisha DiCarlo, Director of Communications, presented an update for Healthy Active Arkansas. This is a statewide initiative from the Governor to increase the number of Arkansans that are at a healthy weight. The first year after the launch the focus was around the nine priority areas that are evidence-based which can help make an impact in the area of obesity in the state. In the last year, they have focused on moving forward with several strategies in the plan. The plan can be found online at [www.healthyactive.org](http://www.healthyactive.org). At the top of the list this year was the legislative resolution that considers health in all policies. This will help Arkansas to move forward with policies that take in consideration the health of the state. Miss America, whom is also an Arkansan, has agreed to partner with Healthy Active Arkansas as a spokesperson. She is honorary chair as well as statewide ambassador. She will be using social media and other media platforms to provide information regarding the program and creating healthier choices in eating and activity. There have been four Healthy Active Arkansas partner organizations that have that applied for funding, one of which was the ADH. It received \$87,000 which allowed it to add a module to its Behavioral Risk Factor Surveillance System (BRFSS) in order to ask Arkansans about their sugar and sweetened beverage consumption. The ADH does not have a lot of information regarding this data. This should allow a baseline in going forward in knowing the consumption of sugary beverages in Arkansas. Additionally, the ADH is building a website for Healthy Active Arkansas that is more comprehensive and has resources that overlap all areas of the plan. There is also a statewide learning network that was launched this year that will provide local meetings with community leaders as speakers to help provide action plans for the areas and businesses in order to adopt sections of the plan. This will culminate in a summit in October. There are many ways to provide information within community circles.

### President's Report

President Yamauchi thanked the legal support for the process that is required for the meetings. He is also receiving many calls regarding the heat during the summer, specifically educating football coaches regarding allowing the players to drink water and take time for breaks. The ADH is working to provide more education to the schools.

Within the past weeks, Dr. Yamauchi had the opportunity to listen to the new chancellor of UALR speak regarding coordinating efforts with them and the UA medical center with the addition of a dental school based at the university. There had not yet presented a representative from the ADH for input. There will be further discussion at an upcoming meeting as it develops.

### Director's Report

Dr. Smith updated the activities of the ADH regarding the PDMP and opiate overdose crisis that the program is attempting to address. During Grand Rounds, Mr. Brech gave a presentation regarding the response to the emerging crisis, which is archived the ADH website. Dr. Smith encouraged those in attendance to view that presentation. In addition to the PDMP, the ADH is creating a new branch in the Center of Health Protection in response to the substance misuse and overdose prevention. This is not only a public health issue and many other state agencies are involved. This will help us do our part in addressing the issues with opiate misuse and overdose.

There was no further business to come before the Board and the meeting was adjourned at the hour of 11:45 p.m. on Thursday, August 3, 2017.

Respectfully submitted,



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

August 3, 2017

