



**State Board of Health  
State Board of Senior Services  
Meeting Minutes**



**October 16, 2012  
Director's Office Conference Room**

**Board of Health Members Participating:** Michael Weaver, Anne Petersen, Nathalie Tungesvik

**Board of Senior Services Members Participating:** Edna Chavis

**DHSS Staff Present:** Margaret Donnelly, Gail Vasterling, Teresa Generous, Harold Kirbey, Celesta Hartgraves, Ellie Glenn, Barb Wilbers

TOPIC	DISCUSSION	ACTION
<p><b>Welcome</b> <i>Margaret Donnelly</i></p>	<p>Margaret welcomed everyone and thanked them for participating on today's call. For the Board members phoning in, Margaret introduced everyone that was present in the conference room at DHSS.</p>	
<p><b>Department/Division/Budget Updates</b> <i>Margaret Donnelly/Division Directors</i></p>	<p>Margaret provided a budget update and indicated that we are watching the federal situation very closely. Unless Congress acts before January 2<sup>nd</sup>, there will be cuts that will automatically go into effect. The projection is we will have an 8.4% decrease if you cut everybody evenly. It's possible it will be done by department. For nine federal programs, Missouri would lose \$18 million dollars in our federal funding. Not sure when we would lose that. Some could be late next summer and some could be as early as the 3<sup>rd</sup> quarter. Others might be at the beginning of the next fiscal year.</p> <p>Margaret introduced the three division directors and asked them to talk about some of the initiatives in their divisions.</p> <p><b>Division of Community and Public Health (DCPH) - Harold Kirbey</b> Harold reported on the following two issues: 1) Lysosomal Storage Disorder Testing for Newborns and 2) Imms and LPHAs.</p> <p><u>Lysosomal Storage Disorder Testing in</u></p>	

Missouri: In August of 2009, the Brady Alan Cunningham Newborn Screening Act was signed into law, adding five Lysosomal Storage Disorders (LSD) to the list of conditions for which the state of Missouri screens newborns. Those five include Krabbe disease, Pompe disease, Gaucher disease, Niemann-Pick disease, and Fabry disease. The statute included a start date of July 1, 2012 for the implementation of LSD screening.

Upon introduction of the Brady Act, DHSS began a process of establishing a cost for implementing the proposed legislation. New York State is the only state testing LSDs, utilizing a Tandem Mass Spectrometer method, and are testing for Krabbe alone. Illinois passed their first bill to add LSDs to their newborn screening program in 2007, but have yet to implement any testing at all. DHSS did an extensive analysis of the costs to implement and maintain LSD testing in Missouri. Due to the costs associated with the Tandem Mass Spectrometer method, including reconfiguring the laboratory, obtaining equipment and supplies and developing testing methods for the other four LSDs, it was decided to utilize a new technology to implement the testing.

Although the new technology is not being used elsewhere, it has the potential for testing for all five of the required LSDs as well as two others that have been recommended by the state's Genetics Advisory Council, Hunter and Hurler diseases. Due to technical difficulties (a cartridge design flaw was resulting in too many false positives) the implementation of testing for the required LSDs was delayed. The new schedule is to begin testing Missouri infants for four LSDs (Pompe disease, Gaucher disease, Fabry disease and Hurler disease) in the winter of 2012. The new cartridges have been received at the state laboratory and are undergoing

	<p>proficiency tests now. The schedule also includes adding Krabbe, Niemann-Pick and Hunter diseases in the spring or early summer of 2013.</p> <p>In the interim, DHSS has contracted with the New York State Laboratory to provide Krabbe testing on Missouri infants. The contract was signed on August 25<sup>th</sup> of 2012 and testing of infants began immediately. No children with the severe infantile Krabbe disease have been identified in Missouri infants by the New York testing.</p> <p><u>Imms and LPHAs:</u> Changes in the federal requirements for the Vaccine for Children and 317 Immunizations programs have created potential barriers to children receiving immunizations in Missouri. In the recent past we've seen a decline in the number of primary care providers that give childhood immunizations and an increase in referrals to local public health agencies for those services. Local agencies were able to utilize federally provided vaccines for all children, with a referral to a health care provider for future immunizations, if the child were insured. Now these federally provided vaccines are only for children on Medicaid, who are uninsured and whose insurance doesn't cover immunizations. The local agencies lack the financial resources to purchase the vaccines individually and many lack the capacity to bill insurance companies. The department is working with five pilot projects (with 20 local agencies) to develop billing capacity in all local agencies. In addition we are researching the development of a vaccine purchasing system that will allow the state to purchase vaccines and provide them to the local agencies who can then reimburse the state. The next 'critical' time period will be the enrollment for children for the 2013-2014 school year, when incoming kindergarten students will be required to have updated immunizations.</p>	
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**Division of Regulation and Licensure (DRL) - Teresa Generous**

1. Section for Child Care Regulation's (SCCR) collaborative efforts with DCPH's Bureau of Immunization Assessment and Assurance and with the child care health consultants to improve immunizations in Missouri's toddler's and infants. The collaborative group developed and implemented a plan to train SCCR staff specifically about what immunizations are required at what age and why it is important; they developed standardized training which would be provided to the child care providers; they developed a screening tool for SCCR staff to use in evaluating and reviewing the immunization records; they developed a packet of information for the providers to use and provide to parents. Of the 11,000 records reviewed in the 1<sup>st</sup> quarter of 2012, 10,000 children were found to be properly immunized. Of the children that were not immunized had information to provide to parents to encourage them to immunize their children.

2. Division of Regulation and Licensure (DRL) and Section for Long Term Care Regulation (SLTC) and Certificate of Need Program (CONP) have been involved in a collaborative effort to identify additional sources of State GR funds that qualify to be used as Federal match to increase the federal funds MO receives for its LTC programs. This effort also includes an effort to assist providers to modernize its business model and service delivery to elderly and disabled allowing people who desire to stay in their homes to receive services. This is consistent with CMS initiatives.

3. DRL and SLTC is involved in a collaborative effort with Primaris (MO's Quality Improvement Organization) and QIPMO in the Dementia Partnership which his to reduce the use of anti psychotic drugs in dementia care of the elderly. This is also a CMS initiative nationwide.

	<p><b>Division of Senior and Disability Services (DSDS) - Celesta Hartgraves</b></p> <p>This time last year we were in the process of resuming the responsibility for conducting assessments for Home and Community Based Services (HCBS). We were, as Margaret mentioned, given 90 full time staff to conduct those assessments. We have monitored very closely state staff. Pleased to report that over the last six weeks, the goal is to have those assessments complete in 15 days or less and we are now at approximately 11 days.</p>	
<p><b>Legislative Update</b> <i>Ellie Glenn</i></p>	<p>Margaret commented that because we are in the last three weeks until we know who will be the next Governor, at this point we have not really worked or finalized potential legislation.</p> <p>She asked if anyone had any specific questions for Ellie.</p>	
<p><b>Approval of Minutes from July 24, 2012 Meeting</b> <i>Margaret Donnelly</i></p>		<p>Anne Petersen made the motion to approve the minutes from the July 24, 2012 meeting.</p> <p>Nathalie Tunesvik seconded the motion.</p> <p>All in favor.</p> <p>None opposed.</p> <p>No abstentions.</p>
<p><b>Proposed 2013 Board Meeting Dates</b> <i>Margaret Donnelly</i></p> <ul style="list-style-type: none"> <li>• January 22, 2013</li> <li>• April 23, 2013</li> <li>• July 23, 2013</li> <li>• October 22, 2013</li> </ul>	<p>Margaret asked if any of the dates selected would be problematic for anyone. If so, please let us know as we can change them now.</p> <p>Anne Petersen indicated she is available January 22.</p> <p>Nathalie Tunesvik indicated she is not available July 23.</p> <p>We will check with all BOH/BOSS</p>	

	<p>members to see if we can get a quorum for each meeting. If so, we will leave meeting dates as listed, if not, we will look at alternative date for that month.</p> <p>Anne Petersen suggested moving the meetings to 12:00 noon instead of 11:00 a.m. All were in favor so 2013 meetings will be held at 12:00 noon.</p>	
<b>Questions/Open Discussion</b>		
<b>Adjourn</b>	Margaret requested a motion to adjourn.	<p>Edna Chavis made the motion to adjourn.</p> <p>Michael Weaver seconded the motion.</p> <p>All in favor.</p> <p>None opposed.</p> <p>No abstentions.</p>
<b>Next Meeting</b>	January 22, 2013 at 12:00 p.m.	

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Chair, Board of Health

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Chair, Board of Senior Services