

## MINUTES

**Tompkins County Board of Health  
January 24, 2017  
12:00 Noon  
Rice Conference Room**

**Present:** Will Burbank; Brooke Greenhouse; Edward Koppel, MD; James Macmillan, MD, President; Michael McLaughlin, Jr.; and Janet Morgan, PhD

**Staff:** Karen Bishop, Director of Community Health; Liz Cameron, Director of Environmental Health; William Klepack, MD, Medical Director; Frank Kruppa, Public Health Director; Deb Thomas, Director of Children with Special Care Needs; and Shelley Comisi, Administrative Assistant II

**Excused:** David Evelyn, MD, MPH, Board of Health Member; Brenda Grinnell Crosby, Public Health Administrator; Susan Merkel, Board of Health Member; and Jonathan Wood, County Attorney

**Guests:** Mary Hutchens, Tompkins County Community Mental Health Services Board

**Call to Order:** Dr. Macmillan called the regular meeting of the Board of Health (BOH) to order at 12:00 p.m.

**Introduction:** Mr. Kruppa welcomed Community Mental Health Services Board member Mary Hutchens. As part of the ongoing discussion about building connections between the two boards, she agreed to be the liaison to the BOH for this meeting.

**Board of Health Selection of Officers for 2017:** The gavel was passed from Dr. Macmillan to Mr. Kruppa who opened the floor to nominations for BOH officers. The Nominating Committee of Dr. Morgan and Mr. Burbank nominated Dr. Macmillan for President and Mr. McLaughlin for Vice President. There were no other nominations.

Mr. Burbank moved to re-elect Dr. Macmillan as President and Mr. McLaughlin as Vice President; seconded by Dr. Koppel. The vote in favor of the motion was unanimous. The gavel was passed back to Dr. Macmillan.

**Privilege of the Floor:** No one was present for Privilege of the Floor.

**Approval of December 6, 2016 Minutes:** Dr. Morgan moved to approve the minutes of the December 6, 2016 meeting as written; seconded by Dr. Koppel. Mr. Greenhouse suggested the following two edits which are noted in bold font:

- Page 4, paragraph 2, last sentence to read, “**Mr. Kruppa** believes there should be active enforcement...”
- Page 4, paragraph 3, sentence 4 to read, “EH supports the **proposed** law on a complaint basis...”

The vote to approve the minutes as amended was unanimous.

**Financial Summary:** On behalf of Ms. Grinnell Crosby who was not present for the meeting, Mr. Kruppa reported staff has been working to provide a useful financial summary for Board members. The financial year is divided into 12 periods representing the 12 months of the calendar year and a period 13 that carries into the next calendar year to close out the previous year’s budget. TCHD and the County’s Finance Department ensure the payments, revenues and budget are reconciled. There are checks and balances in the system.

Highlights from the Board’s discussion:

- Mr. Kruppa mentioned Division Directors have access to a more detailed document for tracking payments that have been received. Typically, most of the large amounts of money received are from state aid or grants. On a quarterly basis, staff submits documentation for services provided. Payments from the State have been timelier due to changes in the state aid process.
- With regard to the financial impact of state mandates, Mr. Kruppa explained the New York State Association of County Health Officials (NYSACHO) works to address those concerns. It has had some success in the recent legislative session. Mr. Greenhouse suggested the BOH and the Legislature could be good allies in those efforts.
- In preparing for potential spending cuts, Mr. McLaughlin believes that any local actions taken will keep county residents informed and perhaps they will write letters to their elected representatives.
- Mr. Burbank shared that the County Administrator has penned a letter talking about the Governor’s most recent proposal which would set up a new mechanism for localities to create new ways of saving money by combining services.
- Mr. Kruppa explained there are two components to the Medical Examiner program. The mandated component is the autopsies, laboratory tests and body removals. The non-mandated component is the medical examiner salaries and administrative support.

**Administration Report:** Mr. Kruppa:

- Reported the Tobacco 21 issue is going back to the Health and Human Services Committee at their February meeting. Ted Schiele is working on answering some questions raised by the Committee.
- Announced Samantha Hillson, Health Educator in the Healthy Neighborhoods Program, has accepted the Director of Health Promotion position. Staff is excited to have her on board.

- Requested a discussion of the proposed letter (Attachment 1) regarding delayed payments to providers in the Early Intervention (EI) program be held during the new business portion of the meeting. His request was acceptable to the Board.

**Medical Director's Report:** Dr. Klepack commented the influenza vaccine seems to be a good match for the virus that is currently circulating.

There was a brief discussion regarding the Supervised Injection Facilities (SIF) in Dr. Klepack's report. Members raised questions about the impact on the local community which is smaller than the urban centers mentioned in the report. Dr. Klepack answered that he has had conversations with medical providers who have expressed concern that the SIF would attract people from other communities. From the perspective of public health, the SIF model that is most exciting is based on harm reduction. Medical personnel would be offering services to help facilitate the transition away from drug use and advising people about their health.

**Division for Community Health Report:** Ms. Bishop had nothing to add to her written report.

**Children with Special Care Needs Report:** Ms. Thomas had nothing to add to her report.

**County Attorney's Report:** Mr. Wood was not present for the meeting.

**Environmental Health Report:** Ms. Cameron had nothing to add to the written reports. In response to questions from Board members, she summarized:

- The Accela system has been set up in most of our program areas. It has helped in tracking permits before they expire and handling complaints which previously had been paper processes. Overall, it has been well received by staff. Our priority for the year is to have Information Technology Services staff work out the issues on their end to allow data transfer with the New York State Department of Health (NYSDOH).
- For sick or injured animals, TCHD has contact information for Nuisance Wildlife Control Officers and Wildlife Rehabilitators.
- Oishii Bowl was mentioned twice (two different spellings on page 5 in the December restaurant inspections) for two different violations. If the same violation had been observed for a second time, then the matter would have been brought to the BOH.

**Bag Technique Policy and Procedure:** Ms. Bishop explained this new policy was written for Community Health Services (CHS). It outlines a specific procedure to follow in handling the nursing bag and its contents during home visits to prevent transmission of infectious materials to clients and staff.

In response to Dr. Koppel's question, Ms. Bishop replied that medical waste stays in the client's home.

Dr. Morgan moved to approve the *Bag Technique Policy & Procedure* as written; seconded by Dr. Macmillan; and carried unanimously.

**Universal Precautions Policy and Procedure:** Ms. Bishop referred to the summary of changes/updates in the Board’s packet. The existing policy was updated to reflect current recommendations and terminology.

Mr. Greenhouse moved to approve the policy as written; seconded by Dr. Macmillan.

Since this is a universal policy, Mr. Greenhouse recommended that the section identifying the “Scope” of the policy on page one be shortened to read, “This policy applies to all employees, volunteers, and interns...and their encounters with clients during the provision of services.” The remainder of that paragraph should be deleted.

Dr. Macmillan suggested adding language to the third concept under “Key Definitions and Concepts” that would read, “...body fluids *containing visible blood* such as **but not limited to** tears, saliva, nasal secretions, vomit, sweat, feces and urine.”

The vote to approve the *Universal Precautions Policy & Procedure*, as edited, was unanimous.

**Policy on Isolation and Quarantine:** Ms. Bishop explained this policy is the result of working with Nina Saeli, Public Health Preparedness Coordinator, to simplify and streamline the isolation and quarantine agency response plan with a similar policy for CHS. This one policy applies to all communicable disease outbreaks which require isolation/quarantine implementation that does not exceed the routine day-to day operations.

Mr. Greenhouse moved to approve the policy as written; seconded by Dr. Macmillan.

Main points from the ensuing discussion:

- Mr. Greenhouse suggested adding language in the policy to identify that the Public Health Director shall include a designee.
- Mr. Kruppa advised Public Health Law creates the authority to isolate/quarantine people. By establishing the local Public Health Department and its Director, the Legislature enacts the person serving as the Director with the powers given through Public Health Law. Mr. Kruppa’s authority only goes so far as to deal with the immediate need to protect the public’s health. He is required to be the Public Health Director 24 hours a day. If he was incapacitated, then Mr. Mareane would decide whether to go to the Legislature to temporarily appoint someone else.
- Mr. Kruppa noted TCHD regularly works with colleges dealing with cases of tuberculosis, meningitis, mumps, and pertussis. Although it is on a smaller scale, the general concepts are practiced on a day-to-day basis and through emergency preparedness activities. Dr. Koppel added Cornell has encountered communicable diseases enough times that staff knows what TCHD expects with respect to isolating the patient and communicating with TCHD staff.

The vote to approve the *Isolation and Quarantine Policy*, as amended to include language that will identify that the Public Health Director shall include a designee, was unanimous.

**BOH letter requesting a plan from the State Fiscal Agent to resolve the problems resulting from delayed payments to providers in the Early Intervention Program:** Mr. Kruppa referred to the letter distributed before the meeting (Attachment 1). Speaking from personal experience, he shared those experiences with Board members. He is deeply concerned about the problems with payments to providers in the EI program. In some cases, months have passed by without payments to providers for their services. When Public Consulting Group (PCG), the State's Fiscal Agent, took over the EI claims process, there was no requirement for providers to enter into a contract with insurance companies. The situation is worse for unregulated insurance companies like Excellus, the administrator of the Greater Tompkins County Municipal Health Insurance Consortium health plan. As a self-insured plan, it pays Excellus to administer payments for claims. Excellus made changes to their system which had the effect of stopping the processing of EI claims that came to them under our plan. Mr. Kruppa described his personal contact with two providers who have not been paid for their services. The amount owed to them totals approximately \$15,000. They are two of our best providers but are on the verge of ending their participation in the EI program.

Mr. Kruppa stated he has addressed the issue with Excellus but their position is that there is a problem with PCG. After that discussion, Ms. Thomas and our two providers joined him in a phone conversation with PCG representatives to discuss the problem. The Bureau of EI and the Division of Financial Services also participated in the call. PCG's explanation was that there is a problem with Excellus and they are working with Excellus to resolve the problem so claims can be processed. They did not have a timeframe for when the providers would get paid or how they were going to prevent it from happening in the future. To date, there has been no response to our requests for action on these issues.

Regarding the next step to be taken, Mr. Kruppa referred to the letter that was drafted for the Board's consideration. It states that the BOH has oversight authority for the EI program and the Early Intervention Official; therefore, the BOH needs to know how the State Fiscal Agent is going to address the problem. Also, there needs to be ongoing monitoring of claims so this does not happen again. It calls upon the State to be proactive for the sake of the providers and the children in Tompkins County who need these important services.

After an extensive discussion among Board members regarding the letter, the following suggestions were put forward:

- Dr. Macmillan recommended an edit in paragraph 1, sentence 2 that would read "...we **request** to see a plan from the State Fiscal Agent to resolve this problem."
- Mr. Greenhouse recommended the letter be copied to State elected officials, Tompkins County Legislators, and the NYS Division of Financial Services.

Dr. Macmillan called for a vote on the motion to send the letter, as edited, to Deputy Commissioner Brad Hutton with copies of the letter to be sent to NYS Senate and Assembly elected officials, Tompkins County Legislators, and the NYS Division of Financial Services; seconded by Dr. Morgan; and carried unanimously.

**Adjournment:** At 1:48 p.m. Dr. Macmillan moved to adjourn the meeting.