

IFLOSS COALITION MEETINGS

Bloomington

May 3, 2011

Chicago – St. Bernard Hospital

May 4, 2011

Glen Carbon

June 30, 2011

Bloomington

Welcome

Lisa Bilbrey

Meeting Participants – Dionne Haney, Illinois State Dental Society; Julie Janssen, IL Department of Public Health, Division of Oral Health; Judy O’Shea, IFLOSS Coalition

Local Updates

Rita Demask – Miles of Smiles; Illinois Dental Hygiene Association

Mary Moss – Pike County Health Department

The health department received a \$400,000 grant from the Illinois Children’s Health Care Foundation for a Safety Net Dental Clinic to provide dental services to Pike County’s underserved children. The clinic will be built in conjunction with the new health department facility and will leverage utilization of shared staffing, resources and space. An additional \$100,000 grant was awarded to the health department in the spring of 2010 by the Illinois Department of Healthcare and Family Services to be used toward establishing a safety net dental clinic in Pike County. They will break ground in July for the new facility. Three to four operatories will be built. There is only one dentist in Pike County who takes the Medicaid card and he will probably be the dental director.

Susan Albee – McLean County Health Department

The health department received \$50,000 in the fall and is adding a fourth operatory with the funds. None of the dentists in the county take the Medicaid card. They are converting the waiting room into the fourth operatory. They will receive an additional \$100,000 from a Healthcare and Family Services grant and will use the funds to convert to digital for better reimbursement. They will have a buzzer system for the clients (restaurant type) and the clients will wait in the WIC room. The health department made a \$20,000 profit in the dental program this past year. Susan would like to add two more operatories before she retires. The extraction clinic still operates twice a year. The local oral health surgeons (approximately a dozen) provide the services and help with the children. They extract one or two teeth for the first 130 people.

Krista Smothers – DentaQuest

The DORM will be released in July and will be available on their website as well as Healthcare and Family Services (HFS) site. Changes will be made in the school program this year. Currently the information is not very understandable for parents or guardians. The new material is a 4.2 reading level, is more of a letter with fill in the blanks, and will be available in Spanish also. The tooth chart has been changed. They are partnering with Healthcare and Family Services (HFS) and Illinois Department of Public Health (IDPH) to do audits. This process was started the last quarter. The audit is the same that IDPH uses for their grantees.

There may be some changes in the referral process with the HFS school program. DentaQuest is looking for an increase in follow up care for students who receive a score of two or three.

All of the school providers submit scores to DentaQuest. The report does not reflect non-HFS care given.

Providers will be asked to fill out a survey looking at the incidence of broken appointments in clinic. This will

be tried for twelve months to check for the seasons of the year. They are phasing in the term “dental home” in their literature and forms and a broken appointment message.

Jerrod Welch – Adams County Health Department

The health department received a grant from the Illinois Children’s Healthcare Foundation. They have 10 operatories, purchased three sensors, and implemented digital billing for the clinic. All new hardware has been purchased; the technical support is very good with Eagle Soft.

Doris Potts, RDH – Tazewell County Health Department

The health department is in the process of putting digital billing in place. There are six operatories now and 10,000 active patients.

Lisa Bilbrey – IFLOSS Updates

IFLOSS Board of Directors Elections

3 seats for the IFLOSS Board of Directors will be available for the July 1, 2011 to June 30, 2013 term. Current Board of Directors:

Board Chair

Kathy Chan

Illinois Maternal and Child Health Coalition

Secretary/Treasurer

Mary Pat Burgess

City of Chicago Department of Public Health

Dr. Poonam Jain

Southern Illinois University Alton

School of Dental Medicine

Dr. Linda Kaste

University of Illinois at Chicago

Mila Tsagalis

DuPage County Health Department

Advisory Members

Immediate Past-Board Chair

Ms. Susan Bauer

Community Health Partnership of IL

Illinois Department of Public Health

Division of Oral Health

*There are no term limits, so current Board Members may accept a nomination.

Nomination forms will be sent out to all IFLOSS voting members. Election will take place in June.

There is a By-Law change proposed to add additional members to the board. Eventually it is proposed that there will be nine board members. The proposed By-Law changes are as follows:

Article II

Membership

- 2.00 There shall be ~~six~~ five categories of membership: Affiliate, Individual, Student, Sustaining ~~and~~ Lifetime Individual ~~and Corporate~~.
- (A) **Affiliate Organization:** A public or private organization or agency which pays annual dues set by the Coalition.
- (B) **Individual:** A person who is not employed by an Affiliate who is committed to the purposes of this Coalition and who pays annual dues at a level set by the Coalition.
- (C) **Student Member:** A person engaged in full-time study at an under-graduate level who is committed to the purposes of this Coalition and who pays dues at a level set by the Coalition.
- (D) **Sustaining Member:** A public or private organization or agency committed to the purposes of this Coalition and who pays “one-time” dues at a level set by the Coalition.
- (E) **Lifetime Individual Member:** A person who is committed to the purposes of this Coalition and who pays “one-time” dues at a level set by the Coalition.
- (F) **Corporate Member:** A business or corporate entity with a similar mission that pays dues set by the Coalition.
- 2.01 Affiliate/sustaining members will select a person to represent the organization/agency/entity as a member of the Coalition. This representative will be the only voting member, however all members under this category are entitled to participate in all other activities of the Coalition. Members may be nominated for election to any appropriate office.
- 2.02 The coalition shall keep a record giving names and addresses of the members entitled to vote.
- 2.03 Membership dues shall be established by a two-thirds (2/3) vote of the Coalition. Dues are due and payable on or before July 1 of each year.
- 2.04 Member in good standing: A member in good standing is a member whose dues are current with the IFLOSS office records.

Article V

Meetings

- 4.00 The IFLOSS Coalition shall hold meetings at least semi-annually with at least 30 days prior notice.
- 4.01 The Rules contained in the latest edition of Robert’s Rules of Order Revised shall govern the Coalition in all cases except when they are inconsistent with the Articles of Incorporation, these Bylaws or the special Rules of the Coalition.
- 4.02 Those members present at Coalition meetings shall constitute a quorum for the purpose of conducting Coalition business.
- 4.03 The Coalition shall keep minutes of the proceedings of its meetings.
- 4.04 Committees and Workgroups may be formed by the Board of Directors to address ~~access~~ issues as determined by the Coalition. Committees and Workgroups will meet as needed to complete the task(s) assigned by the Board of Directors ~~Coalition~~. Coalition members will be asked to volunteer to serve on a Workgroup or ~~Workgroups~~ Committees. Committees and ~~Copies of each Workgroups meeting shall be filed~~ meeting notes with the Coalition Coordinator ~~Director~~ and provided to the Board and Coalition membership as requested.

DRAFT - IFLOSS policy committee procedures

1. Policy position is brought to the attention of IFLOSS coordinator. Request should include:
 - a. Summary of issue/legislation
 - b. History
 - c. Known or identified proponents, opponents, other stakeholders
 - d. Timeline for action
2. Within 7 days of receiving a request for IFLOSS's policy position (during the ILGA legislative session and within 14 days of receiving this during non-session times) the policy issue goes to IFLOSS policy committee. A discussion takes place with members of the policy committee. For committee members unable to participate, their vote can be recorded via an email vote or a proxy. A simple majority is required to offer a recommendation from the policy committee to the full IFLOSS members.
3. The policy recommendation from the committee is presented to the full membership within 5 days of the decision during ILGA legislative session and within 10 days during non-session times. Paid members will have an opportunity to cast a ballot supporting or opposing the recommendation. A simple majority decides.
4. The policy position is made clear to members via an email announcement, at quarterly meetings and on the IFLOSS website. Minority reports are welcome.

This draft policy is for discussion purposes at this point. Dionne Haney reminded the group that IFLOSS is a 501(c)3 group so someone from IFLOSS cannot go to a legislative committee meeting and register in support of an issue because the entire membership might not be in favor of it.

Another issue that might come up would be allowing the Board to create more advisory positions. The board has the power to appoint without going through the whole voting process.

Date: June 29, 2011

Time: 9am - 4pm (Breakfast and Lunch included)

Where: IPHCA Institute for Learning, 500 South Ninth, Springfield, Illinois

About the Training

The Oral Health Network Workshop will focus on many topics facing dental professionals today, including:

Preserving Tooth Structure: What Works? What's New?

There is practically an endless stream of new products and techniques that allow clinicians to maintain tooth structure. During this session, *Dr. Robert Rada* will provide clinical examples and product and literature reviews to clear up some of the confusion associated with these materials and techniques. Specific topics to be discussed will include glass ionomer materials, flowable composites applications, interim therapeutic restoration (IRT), (atraumatic) alternative restorative technique (ART), remineralization strategies and products, caries risk progression under sealants, and resin bonded restorations.

Illinois Dental Practice Act 101

Julie Janssen will take attendees through the Illinois Dental Practice Act and the rules associated with administering the Act. Participants will explore sections pertinent to daily dental and dental hygiene practice, as

well as learn how to navigate the Act so that they can find important provisions in the future. Information from this session is important for clinic administrators, as well as providers, as it will answer the question, “What is legal and what is not?”

Target Audience

The Oral Health Network Workshop is intended for dental directors, dental hygienists, dental assistants and clinic administrators.

Continuing Education Credit: 4

The oral health conference will be this fall in Chicago. IFLOSS is working with the Chicago Oral Health Forum. Some of the section topics have been lined out and keynote speakers invited. A fair number of abstracts have been submitted already. Oakton College will handle the CEUs.

Jessica Bott – Illinois State Dental Society

Dionne Haney – Illinois State Dental Society

The Dental Directions program funded through the Illinois Department of Public Health had three five-year grants. A dentist and dental hygienist were funded to go into long term care facilities for training for oral hygiene (20,000 employees trained). ISDS did reapply in June and was told in July that there was a new grant application process. At the end of September they had to file a report and reimburse the state \$80,000. At the end of March, the Department asked if ISDS could use the money so they will try to reach out to as many facilities as possible with the limited funds.

The Bridge to Healthy Smiles campaign is reaching out to provide education to the public and parents. Cook County has designated \$1 million for their oral health program. They did have 10 dental clinics and now only have four that are operational. ISDS is helping them determine how to spend the money.

Another Mission of Mercy will be held June 8-9, 2012 at Lake County Fairgrounds in Grayslake.

Julie Janssen – Illinois Department of Public Health

The fluoridation bill is moving right along (PA97-0043). New recommendations will be coming out from CDC and the USDA in the fall. The legal range in the law will be higher than what was targeted in the original law so Illinois needs legislation that will reflect the new regulations. The Department will create rules to state what the targeted range should be. Hopefully rules and legislation will go into effect around the same time.

Early Childhood Caries – the HRSA grant is ending. The grant provided funding to the Illinois Chapter, American Academy of Pediatricians, to train physicians and nurses to provide preventive oral health care to very young children. This will be a public health session at CDS Mid-Winter in 2012. Early Childhood Oral Health Community grants have been submitted for IDPH approval. Three local health departments applied to complete the next step of integrating oral health in MCH programs through preventive oral health services provided by health department medical staff. This funding is meant to establish verdant programs that will continue to provide oral health education and the needed educational and oral hygiene tools as well as screen, provide anticipatory guidance, fluoride varnish and referral for moms and very young children.

The Dental Sealant and Oral Health Needs Assessment and Planning grant RFA will be out this month. These grants will not need to go through the Department’s approval process this year as they fall under the “formula” based grants. Contracts should be out by July 1.

The Oral Cancer Prevention Program grants are in the Department’s approval process at present. There were eight applicants. The grants are monitored by the Division of Chronic Disease.

The Dental Role in Preparedness – Dr. Michael Colvard at UIC-Disaster Emergency Medical Readiness Training Center continues to work with the Department to create the processes needed to certify dentists and dental hygienists as “Dental Emergency Responders” and to link them to community-based preparedness activities.

Craniofacial Anomaly – There are 700 children born annually in Illinois with craniofacial anomalies. The Division notifies the parents of the infants of craniofacial teams and oral health care for their special baby.

There are 49 dental sealant grantees covering over 70 counties. More than 166,000 children have been served (288,000 sealants placed) including pre-K and special needs. The Division is doing additional quality assurance to assist Illinois Department of Health and Family Services in monitoring performance of school-based providers in the state.

Special Needs – IFLOSS workgroup submitted a funding proposal to support a CPE course to train dentists and dental hygienists to treat individuals with special needs. The course will provide both lecture and clinical portions. Funding will support a one-year pilot meant to determine and establish a sustained training program. The Division continues to sit on an ICAAP sponsored workgroup looking at strategies to assist children with special needs as they transition to adulthood.

Surveillance – third grade survey is on the web site.

Dental workforce census – 2010 information is being analyzed and the data will be provided at the fall conference. A reactor panel will discuss the findings.

Head Start – there are 16,000 forms of BMI information that were transferred electronically and will evaluate early childhood activities throughout the state. The majority of Head Start programs have data systems. They have a federal mandate that they need to know the oral health status of their children.

The fluoride mouthrinse program started in the 1970s in Illinois and targeted schools with rural children and low income. Research has shown that the mouth rinse program is very effective – would be good to resurrect it. The program is funded by IDPH (they supply pumps and bottles) and have a training manual. It could be a value added addition to the sealant program.

Judy O’Shea – IFLOSS Coalition – Policy and Legislation Report

The IFLOSS Coalition held a conference call on March 25, 2011 at 10:00 a.m. to discuss legislation of interest to its membership. Those on the conference call included Jennie Pinkwater, Illinois Chapter, American Academy of Pediatricians; Mary Pat Burgess, Chicago Department of Public Health, Division of Oral Health; Ann Roppel, Illinois Department of Public Health, Oral Health Division; Rita Demask, Miles of Smiles, Illinois Dental Hygienists Association; Kathleen Thacker, Illinois Department of Public Health, Oral Health Division; Linda Kaste, University of Illinois at Chicago, College of Dentistry; Amanda, Oral Health America; Sharee Clough, Illinois Primary Health Care Association; Kathy Chan, Illinois Maternal and Child Health Coalition; Andrea Schroll, RDH; Gina Swehla, Illinois Department of Health and Family Services; Dr. Poonam Jain, SIU Dental School, Alton; Jaci Vaughn, Illinois Department of Health and Family Services; Olivia Roanhorse, Ounce of Prevention; Lisa Bilbrey, IFLOSS Coalition; Marilyn Green, Illinois Department of Public Health; Dr. Gregory Jacob, Glenview, IL. Judy Redick O’Shea, IFLOSS Coalition, led the discussion.

This report includes bills that IFLOSS is following; bills that the Illinois Rural Health Association is following; and bills that the Illinois Maternal and Child Health Coalition is following.

It should also be noted that March 17 was the deadline for House and Senate bills to be out of committee in their respective chamber. April 15 is the deadline for 3rd Reading of House and Senate bills in their respective chambers. By May 13 Senate bills should be out of House Committees and House bills should be out of Senate

Committees. May 27 is the deadline for 3rd reading of bills in each chamber. Appropriation bills have their own schedule.

IFLOSS Legislation of interest; Illinois Department of Healthcare and Family Services is monitoring the bills also.

This denotes final status of bills

SB 1379 - Amends the **Public Water Supply Regulation Act**. Provides that the rules of the Illinois Department of Public Health concerning the addition of fluoride to public water supplies shall incorporate the recommendations on optimal fluoridation for community water levels as proposed and adopted by the U.S. Department of Health and Human Services. Effective immediately.

The bill passed the Senate on 3/31/11. On April 4 it was assigned to the Human Services Committee in the House. Passed the House 115-0 on May 5. Sent to the Governor. PA97-0043

SB 1602 – Amends the Illinois Dental Practice Act. Provides a definition for “mobile dental van or portable dental unit”. Creates a provision that requires the Department of Financial and Professional Regulation and Department of Healthcare and Family Services to establish rules for the regulation and registration of all entities or individuals who own or operate a mobile dental van or portable dental unit that provides restorative, screening, or preventative care to patients in schools and other Illinois settings. Provides that the State Board may approve other state or regional board exams if other state or regional board exams are deemed to meet the minimal requirements for licensure in Illinois. Permits the Department to accept up to 4 hours of continuing education credit hours per license renewal period for volunteers who provide clinical services at or sponsored by, a nonprofit community clinic, local or state health departments, or at a charity event sponsored by an approved dental organization. Makes other changes. Effective January 1, 2012. Sponsor – Sen. Frerichs

Senate Floor Amendment No. 1 – Replaces everything after the enacting clause. Reinserts the introduced bill with changes. Removes the provision concerning mobile dental vans or portable dental units. Removes the provision permitting the State Board from approving other state or regional board exams. Provides that a dental hygienist may engage in placing, carving, and finishing of amalgam restorations only after obtaining formal education and certification. Provides that a dentist providing services through a mobile dental van or portable dental unit shall provide to the patient or the patient’s parent or guardian, in writing, the dentist’s name, license number, address, and information on how the patient or the patient’s parent or guardian may obtain the patient’s dental records. Makes changes in the provision concerning continuing education. Effective January 1, 2012.

The bill passed the Senate on 4/14/11 56-0. On April 14 it was referred to the House Rules Committee. House Committee Amendment No. 1 – Adds the Council of Interstate Testing Agencies (CITA) to the list of regional testing services. Provides a definition for “substantially equivalent” concerning education qualifications.

On May 5 the bill passed the House as amended. On May 9 the bill was referred to Senate Assignments for concurrence on the House Committee Amendment No. 1. May 26 – Senate concurs 58-0.

On 6/24/11 SB 1602 was sent to the Governor.

SB 1919 – Amends the Illinois Dental Practice Act. Provides that a dental hygienist may be employed or engaged by a licensed physician. Provides that a dental hygienist may be employed or retained by a health care facility, program, or nonprofit organization to perform dental hygiene services without the patient first being examined by a licensed dentist if the dental hygienist (i) has engaged in active practice of clinical dental hygiene for a minimum of 2,400 hours in the past 18 months or a career total of 3,000 hours, (ii) has entered into a collaborative agreement with a licensed dentist, (iii) had documented participation in course in infection control and medical emergencies, and (iv) maintains current CPR certification. Authorizes the dental hygienist to perform limited specified services. Provides that a licensed dentist may not have a collaborative agreement with more than 4 dental hygienists unless otherwise authorized by the Board. Provides that the collaborative agreement must (i) include certain provisions and it must be signed and maintained by the dentist, the dental hygienist, and the facility, program, or organization, (ii) be reviewed yearly, and (iii) be made available to the Board upon request. Effective immediately.

Testimony on the bill was heard in committee on March 16. The Illinois Dental Hygiene Association and the Illinois Federation of Teachers testified for the bill; the Illinois State Dental Society opposed the bill. **Bill re-referred to Assignments since it did not meet the deadline. Final Action**

SB 1946 - In addition to the amounts already appropriated, the amount of \$150,000 is appropriated from the General Revenue Fund to the Department of Healthcare and Family Services for the purpose of administrating and coordinating the Donated Orthodontic Services and the Dental Lifeline Network programs. Effective July 1, 2011.

It has been assigned to Appropriations I Committee – no hearing scheduled yet.

This was formerly the National Foundation for Handicapped and there was an appropriation line in IDPH budget. The line was removed from the budget two years ago but IDPH paid anyway. There was no money appropriated last year. If it passes the appropriation would be in HFS budget.

On July 23 the bill was re-referred to Assignments. Bill remains in committee since it did not meet the deadline. Final Action

HB 1920 - Amends the Illinois Dental Practice Act. Provides that a dental hygienist may be employed or engaged by a licensed physician. Provides that a dental hygienist may be employed or retained by a health care facility, program, or nonprofit organization to perform dental hygiene services without the patient first being examined by a licensed dentist if the dental hygienist (i) has engaged in active practice of clinical dental hygiene for a minimum of 2,400 hours in the past 18 months or a career total of 3,000 hours, (ii) has entered into a collaborative agreement with a licensed dentist, (iii) had documented participation in course in infection control and medical emergencies, and (iv) maintains current CPR certification. Authorizes the dental hygienist to perform limited specified services. Provides that a licensed dentist may not have a collaborative agreement with more than 4 dental hygienist unless otherwise authorized by the Board. Provides that the collaborative agreement must (i) include certain provisions and it must be signed and maintained by the dentist, the dental hygienist, and the facility, program, or organization, (ii) be reviewed yearly, and (iii) be made available to the Board upon request. Effective immediately.

An amendment was offered to remove the second sentence. **Bill did not meet deadline for bills to be out of committee so it was re-referred to Rules Committee. Final Action**

Bills IMCHC supports

HB106 – Rep. Jakobsson - Amends the Abandoned Newborn Infant Protection Act. Expands the definition of the term “police station” to include a campus police department located on any college or university owned or controlled by the State or any private college or private university that is not owned or controlled by the state.

House Committee Amendment No. 1 - Changes the definition of "police station" to mean a municipal police station, a county sheriff's office, a campus police department located on any college or university owned or controlled by the State or any private college or private university that is not owned or controlled by the State when employees of the campus police department are present, or any of the district headquarters of the Illinois State Police (rather than a municipal police station, a county sheriff's office, or a campus police department located on any college or university owned or controlled by the State or any private college or private university that is not owned or controlled by the State). Adds an immediate effective date.

Passed the House 101 - 0. Referred to Assignments in the Senate. On 5/17/11 HB 106 passed the Senate 48-5-0. On 6/15/11 the bill was sent to the Governor. On 8/11/11 it became PA97-0293

HB 224 – Rep. Flowers - Amends the Health Carrier External Review Act in the provision concerning standard external review. Provides that whenever a request is eligible for external review (1) the health carrier shall, within 2 (instead of 5) business days, request the Director of Insurance to assign an independent review organization (now, from the list of approved independent review organizations compiled and maintained by the Director) and (2) within 3 business days after receiving the health carrier's request, the Director shall assign, on a rotating basis, an independent review organization from the list of approved independent review organizations

compiled and maintained by the Director. Includes the health carrier among those to be notified in writing by the Director of the request's eligibility and acceptance for external review. Effective immediately.

Assigned to Health Care Availability and Access.

Note: This is part of the Illinois Dept of Insurance's agenda to ensure health insurance fairness

House Floor Amendment No. 1 – Replaces everything after the enacting clause with the bill as introduced and the following changes. Creates the Utilization Review and Benefit Determination Law. Provides that the law establishes standards and criteria for the structure and operation of utilization review and benefit determination processes designed to facilitate ongoing assessment and management of health care services. Sets forth provisions concerning definitions, applicability and scope, the corporate oversight of utilization review programs, contracting, the scope and content of utilization review programs, operational requirements, procedures for standard utilization review and benefit determinations, procedures for expedited utilization review and benefit determinations, emergency services, confidentiality requirements, disclosure requirements, and administration and enforcement. Changes the short title of the Health Carrier Grievance Procedure Act and references thereof to the Health Carrier Grievance Procedure Law. Makes changes in the provision of the Managed Care Reform and Patient Rights Act concerning utilization review program registration. Makes changes in the provision of the Health Carrier External Review Act concerning notice of right to external review and standard external review. Makes other changes. Effective immediately.

Fiscal Note, House Floor Amendment No. 1 (Department of Insurance)

As a result of the requirements brought about by this legislation, the Department would need to add, at a minimum, three (3) full time staff. Though no immediate need, additional legal staff may be required in the near future. The three (3) employees would work with the Consumer Division at a total cost to the Department of Insurance of approximately \$283,000 for personal services and related expenses. The cost associated with these responsibilities is expected to be covered by Federal grant monies.

State Mandate Fiscal Note, House Floor Amendment No. 1 (Dept. of Commerce & Economic Opportunity)

HB 224 (H-AM 1) does not create a State mandate.

Senate Floor Amendment No. 3

Replaces everything after the enacting clause with the engrossed bill and the following changes. Deletes the provisions concerning the Utilization Review and Benefit Determination Law and the Health Carrier Grievance Procedure Law. Further amends the Health Carrier External Review Act. Makes changes in the provision concerning definitions. Deletes references to the Utilization Review and Benefit Determination Law and the Health Carrier Grievance Procedure Law. Makes a change in the provision concerning the exhaustion of internal appeal process. Deletes the provision repealing the Section of the Managed Care Reform and Patient Rights Act concerning Administrative complaints and Departmental review. Changes the effective date from immediate to July 1, 2011.

The bill passed the House 71-45. On April 14 it was referred to Senate Assignments. Bill passed the Senate on 5/25 57-0. HB224 went back to the House for concurrence on Senate Floor Amendment No. 3. House concurred 87-25-0. Bill was sent to the Governor on 6/27/11

HB 1338 – Rep. Gabel – Creates the Immunization Data Registry Act. Provides that the Department of Public Health may develop and maintain an immunization data registry to collect, store, analyze, release, and report immunization data. Sets forth purposes for which the registry may be used. Sets forth provisions concerning the provision of immunization data to the registry, confidentiality, and the release of information. Establishes immunity for certain entities from civil and criminal liability for certain actions. Provides that a person who knowingly, intentionally, or recklessly discloses confidential information contained in the immunization data registry in violation of the Act commits a Class A misdemeanor. Makes other changes. Effective on July 1, 2011.

House Committee Amendment No. 1

Provides that the immunization data exemption form shall also be accessible from the immunization data registry system itself. Provides that the list of required content to be included in the written information to be disseminated to patients shall also be included in the immunization data exemption forms and adds to that list of required content a description of the immunization data registry and its purpose. Provides that before entering immunization data into the immunization data registry, authorized immunization providers who provide immunization data into the immunization data registry shall provide the patient or the patient's parent or guardian, if the patient is less than 18 years of age, with a printed immunization data exemption form at least once. Provides that the printed immunization data exemption form may be distributed in conjunction with the Vaccine Information Statements that are required to be disseminated by the National Childhood Vaccine Injury Act/.

On 3/29/11 the bill passed, as amended, 108-5-1. It was assigned to the Senate Public Health Committee. Bill passed the Senate 54-0. On 7/14/11, HB 1338 became PA 97-0117.

HB 1530 – Rep. Lang - Amends the Illinois Insurance Code in the provisions concerning autism spectrum disorders, habilitative services for children, and mental and emotional disorders to provide that certain coverage provided under those respective provisions through a group or individual policy of accident and health insurance or managed care plan shall be subject to the parity requirements of the provision concerning mental health parity. Sets forth a provision concerning mental health parity. Provides that every insurer that amends, delivers, issues, or renews a group policy of accident and health insurance in the State providing coverage for hospital or medical treatment and for the treatment of mental, emotional, nervous, or substance use disorders or conditions shall ensure adherence to the provisions concerning financial requirements and treatment limitations. Sets forth provisions concerning aggregate lifetime and annual limits. Amends the Health Maintenance Organization Act to comport with the provision of the Illinois Insurance Code concerning mental health parity. Makes other changes. Effective immediately.

House Committee Amendment No. 1 – Changes references of individuals licensed pursuant to the Illinois Alcoholism and Other Drug Abuse and Dependency Act to licensed or certified professionals at programs licensed pursuant to the Illinois Alcoholism and Other Drug Abuse and Dependency Act. Provides that an insurer that provides coverage for hospital or medical expenses under a group policy or accident and health insurance or health care plan shall provide coverage under the policy for treatment of serious mental illness and substance use disorders (instead of serious mental illness). Sets forth a definition for “substance use disorder”. Provides that medical necessity determinations for substance use disorders shall be made in accordance with appropriate patient placement criteria established by the American Society of Addiction Medicine. Provides that the provision concerning mental health parity shall be interpreted in a manner consistent with the interim final regulations promulgated by the U.S. Department of Health and Human Services, including the prohibition against applying certain cumulative financial requirements or cumulative quantitative treatment limitations. Makes other changes.

House Floor Amendment No. 3 - Changes references from “speech therapist” to “speech-language pathologist”.

Senate Floor Amendment No. 3

Deletes reference to:

[215 ILCS 5/356z.14](#)

[215 ILCS 5/356z.15](#)

The bill passed the House on 4/6/11 72-39. On April 7 it was sent to Senate Assignments. _Bill passed the Senate, as amended, on 5/26 49-8-0. House concurred with Senate Floor Amendment on 5/29 84-28-0. Sent to the Governor on 6/27/11.

HB 1958 – Rep. Gabel - Amends the Counties Code, the Unified Code of Corrections, and the County Jail Act. Provides that a county department of corrections and the Illinois Department of Corrections shall not apply security restraints to a prisoner that has been determined by a qualified medical professional to be pregnant and is known by the county department of corrections or the Illinois Department of Corrections to be pregnant or in postpartum recovery, unless the corrections official makes an individualized determination that the prisoner presents a substantial flight risk or some other extraordinary circumstance that dictates security restraints be used to ensure the safety and security of the prisoner, her child or unborn child, the staff of the Illinois Department of Corrections, a county department of corrections, or the medical facility, other prisoners, or the public. Provides that leg irons, shackles, or waist shackles shall not be used on any pregnant or postpartum prisoner regardless of security classification. Amends the Local Governmental and Governmental Employees Tort Immunity Act. Provides that the county department of corrections official is immune from civil liability when applying security restraints to pregnant prisoners or those in postpartum recovery, except for willful and wanton conduct.

House Committee Amendment No. 1 – Provides that the fiscal year report of every instance where restraints of pregnant prisoners were used shall be reported to the Illinois General Assembly and the Office of the Governor (rather than to the Office of the Illinois Attorney General).

House Floor Amendment No. 1 – Replaces everything after the enacting clause. Reinserts the provisions of the bill, as amended by House Amendment No. 1 but: (1) provides that except for therapeutic restraints, no restraints of any kind may be applied to prisoners during labor; (2) provides that when restraints are necessary during transport of pregnant prisoners who are not in labor or pregnancy-related medical distress, restraints shall be limited to handcuffs in front; (3) deletes the amendatory changes to the Unified Code of Corrections and the Local Governmental and Governmental Employees Tort Immunity Act; and (4) provides that the County Department of Corrections shall require all security staff to undergo training in the treatment, movement, and transportation of pregnant prisoners during their initial training and shall also include such training as a component in an annual training program.

Correctional Note, House Committee Amendment No. 1 (Dept of Corrections)

HB 1958 (H-AM 1) has a minimal fiscal impact and no corrections population impact.

Correctional Note, House Floor Amendment No. 2 (Dept of Corrections)

HB 1858 (H-AM 2) has no fiscal or corrections population impact.

Fiscal Note, House Committee Amendment No. 1 (Dept of Corrections)

HB 1958 (H-AM 1) has a minimal fiscal impact and no corrections population impact.

Fiscal Note, House Floor Amendment No. 1 (Dept of Corrections)

HB 1958 (H-AM 2) has no fiscal or corrections population impact.

State Mandates Fiscal Note, House Committee Amendment No. 1 (Dept of Commerce & Economic Opportunity)

HB 1958 (H-AM 1) does not create a State mandate.

State Mandates Fiscal Note, House Floor Amendment No. 2 (Dept. of Commerce & Economic Opportunity)

HB 1958 (H-AM 2) does not create a state mandate.

On April 15, the deadline for final action (3rd reading) was extended to May 6, 2011. On 5/13, the bill was re-referred to Assignments since it did not meet the deadline. **Final Action**

SB 50 – Sen. Silverstein - Amends the Liquor Control Act of 1934. Provides that no product that combines beer or any other alcoholic liquor with caffeine, guarana, taurine, or other similar substances that are commonly

referred to as "alcohol energy drinks" may be imported into the State or produced, manufactured, distributed, sold, or offered for sale in this State by a licensee under the Act.

SB 50 passed the Senate on 3/30/11 by a vote of 54-1. It has been assigned to the House Consumer Protection Committee. On 5/31/11 it was re-referred to Rules Committee since it did not meet the deadline. Final Action

SB 1313 – Sen. Schoenberg - Amends the Comprehensive Health Insurance Plan Act. Makes changes in the provisions concerning findings and definitions. Provides that assessments (instead of appropriated funds) and other revenues collected or received by the Comprehensive Health Insurance Board shall be included in the Comprehensive Health Insurance Plan Fund. Deletes a provision concerning eligibility. Makes changes to the provision concerning deficit or surplus. Effective immediately.

(Also see HB 1559)

SB 1313 passed the Senate on 4/13/11 by a vote of 31-23-1. It was assigned to the House Rules Committee on 4/13/11. Bill was re-referred to Rules Committee on 5/31 since it did not meet the deadline. Final Action

SB 1379 – Sen. Syverson - Amends the Public Water Supply Regulation Act. Provides that the rules of the Illinois Department of Public Health concerning the addition of fluoride to public water supplies shall incorporate the recommendations on optimal fluoridation for community water levels as proposed and adopted by the U.S. Department of Health and Human Services. Effective immediately.

In Assignments

The bill passed the Senate on 3/31/11 by a vote of 54-0. On April 11 it was assigned to the House Human Services Committee. The bill passed the House 115 -0 on 5/5/11 and was sent to the Governor. On 6/28/11 it became PA 97-0043

SB 1619 – Sen. Steans - **Creates the Personal Responsibility Education Program Act.** Provides that if an elementary or secondary public school offers sex education or sexual health education, the education must be medically accurate and developmentally and age appropriate and must include instruction regarding the benefits of delaying or abstaining from sexual activity. Requires school districts to make curriculum and course materials available for viewing upon request. Provides that a pupil must be excused for any part of the instruction at the written request of his or her parent or guardian. Provides that a pupil must not be subject to disciplinary action, an academic penalty, or any other sanction if the pupil's parent or guardian requests in writing that the pupil not receive the instruction. Requires the Department of Human Services to adopt rules; specifies requirements for the rules. With respect to teen pregnancy prevention and sexual health education, requires this State, through the appropriate State agency or department, to seek available funds from the federal government allocated to evidenced-based teen pregnancy prevention programs. Amends the School Code to make changes concerning sex education course material and instruction requirements. Amends the Critical Health Problems and Comprehensive Health Education Act to replace references from "abstinence until marriage" to "abstinence" in a Section setting forth what areas the comprehensive health education program must include.

Senate Committee Amendment No. 1- Deletes everything after the enacting clause. Amends the School Code and the Critical Health Problems and Comprehensive Health Education Act. Provides that each class or course in comprehensive sex education offered in any of grades 6 through 12 shall include instruction on both abstinence and contraception for the prevention of pregnancy and sexually transmitted diseases, including HIV/AIDS (instead of instruction on the prevention, transmission, and spread of AIDS). Removes a provision that requires all public elementary, junior high, and senior high school classes that teach sex education and discuss sexual intercourse to emphasize that abstinence is the expected norm. Provides that all public elementary, junior high, and senior high school classes that teach sex education and discuss sexual intercourse shall satisfy specified criteria (instead of all sex education courses that discuss sexual intercourse shall satisfy specified criteria); makes changes to that criteria. Provides that an opportunity shall be afforded to individuals (not just parents or guardians) to examine the instructional materials to be used in the class or course. Provides that the State Board of Education shall make available resource materials for educating children regarding sex

education and may take into consideration the curriculum on this subject developed by other states, as well as any other curricular materials suggested by education experts and other groups that work on sex education issues. Provides that materials may include without limitation model sex education curriculums and sexual health education programs. Requires the State Board to make these resource materials available on its internet website. Allows school districts to adapt such programs to the specific needs of their communities. Provides that the Comprehensive Health Education Program shall include the educational area of evidence-based and medically accurate information regarding sexual abstinence (instead of the area of sexual abstinence until marriage).

Senate Floor Amendment No. 2

Provides that the requirement that class material and instruction place substantial emphasis on abstinence include the option of abstinence until marriage. Provides that school districts that do not currently provide sex education are not required to teach sex education. Provides that if a sex education class or course is offered in any of grades 6 through 12, the school district may choose and adapt the developmentally and age-appropriate, medically accurate, evidence-based, and complete sex education curriculum that meets the specific needs of its community (instead of providing that school districts may adapt programs to the specific needs of their communities).

IL Chapter of the American Academy of Pediatricians also supports the bill.

On 7/23/11 SB 1619 was referred to Assignments. Final Action

SB 1761 – Sen. Righter - Amends the Newborn Metabolic Screening Act. Provides that the Department of Public Health shall provide newborns with expanded screening tests for the presence of Mucopolysaccharidosis I (Hurler disease), Mucopolysaccharidosis II (Hunters disease), and Severe Combined Immunodeficiency Syndrome (SCIDS). Provides that if the Department is unable to provide expanded screening for SCIDS using the State Laboratory within 180 days after the effective date of the amendatory Act, then the Department shall temporarily provide the screening through an accredited laboratory selected by the Department until the Department has the capacity to provide screening through the State Laboratory. Permits the Department to substitute the fee charged by the accredited laboratory, plus a 5% surcharge for documentation and handling for the fee authorized if expanded screening is provided on a temporary basis through an accredited laboratory. Effective immediately.

Senate Floor Amendment No. 1 – Provides that the Department of Public Health shall provide newborns with expanded screening tests beginning 90 days (instead of 30 days) after the effective date of the amendatory Act.

House Floor Amendment No. 1

Replaces everything after the enacting clause. Amends the Newborn Metabolic Screening Act. Provides that the Department of Public Health shall provide all newborns with expanded screening tests for the presence of (1) certain Lysosomal Storage Disorders known as Krabbe, Pompe, Gaucher, Fabry, and Niemann-Pick, (2) Severe Combined Immunodeficiency Disease (SCID), and (3) Mucopolysaccharidosis I (Hurlers) and Mucopolysaccharidosis II (Hunters). Provides that testing for each respective disorder or disease shall begin within 6 months or 12 months, depending on the disorder or disease, following the occurrence of certain events. Provides that the Department is authorized to implement an additional fee for the screening prior to beginning the testing in order to accumulate the resources for start-up and other costs associated with implementation of the screening and thereafter to support the costs associated with screening and follow-up programs for the disorder or disease. Makes other changes. Effective immediately.

SB 1761 passed the Senate on 4/14/11 38-0, the House on 5/19/11 116-0. Senate concurred with House Amendment No. 1 on 5/26/11. SB 1761 was sent to the Governor on 6/24/11.

SB 1945 – Sen. Delgado - Creates the Comprehensive Healthcare Workforce Planning Act. Establishes the State Healthcare Workforce Council to provide an ongoing assessment of health care workforce trends, training issues, and financing policies and to recommend appropriate State government and private sector efforts to

address identified needs. Provides that the Council's work shall focus on health care workforce supply and distribution; cultural competence and minority participation in health professions education; primary care training and practice; and data evaluation and analysis. Contains provisions concerning members; the preparation of a comprehensive healthcare workforce plan by the Department of Public Health and the Council; and reimbursement of Council members.

Senate Committee Amendment No. 1 0 Adds an effective date of July 1, 2012.

Senate Floor Amendment No. 2 - Provides that implementation of the Act is entirely subject to the availability and appropriation of funds from federal grant money applied for by the Department of Public Health. Provides that State Healthcare Workforce Council shall work in coordination with the State Health Improvement Plan Implementation Coordination Council to ensure alignment with the State Health Improvement Plan. Includes representatives of pharmacists among the health care workforce experts who are appointed by the Governor to the State Healthcare Workforce Council.

SB 1945 passed on Third Reading on April 14, 2011, 59-0. It has been assigned to the House Rules Committee. Passed the House 116-0-0 on 5/19/11. Bill was sent to the Governor on 6/17/11. On 8/17/11 it became PA 97-0424.

SB 1948 – Sen. Delgado - Amends the Children's Health Insurance Program Act, the Covering ALL KIDS Health Insurance Act, and the Medical Assistance Article of the Illinois Public Aid Code. Provides that beginning on July 1, 2011, the Department of Healthcare and Family Services shall develop incentive programs for dentists who perform dental services on children covered under the Children's Health Insurance Program, the Covering ALL KIDS Health Insurance Program, and the Medicaid program. Requires the incentive programs to include a pilot program in a rural and urban designated shortage area that increases rates up to 64% of the reimbursement level that the dentists charge for those services covered. Provides that the Department shall increase the rate level of dental specialty services that are provided to eligible children to equal 64% of the dentist's usual and customary charges. Requires the Department to develop and implement an incentive program that rewards dentists who are enrolled as a "dental home". Effective immediately.

Senate Committee Amendment No. 1 – Replaces everything after the enacting clause and reinserts similar provisions with the following change: Subjects implementation of the various dental programs to appropriations. Effective immediately.

Senate Committee Amendment No. 2 – Replaces everything after the enacting clause. Amends the Children's Health Insurance Program Act, the Covering ALL KIDS Health Insurance Act, and the Medical Assistance Article of the Illinois Public Aid Code. Provides that the Department of Healthcare and Family Services, in cooperation with the dental community and other affected organizations such as Head Start, shall work to develop and promote the concept of a dental home for children covered under the Children's Health Insurance Program, the Covering ALL KIDS Health Insurance Program, and the Medicaid program. Provides that included in this dental home outreach should be an effort to ensure an ongoing relationship between the patient and the dentist with an effort to provide comprehensive, coordinated, oral health care so that all children covered under the various programs have access to preventative and restorative oral health care. Effective immediately.

SB 1948 passed the Senate on April 14 by a vote of 57-0. It has been referred to the House Rules Committee. The bill passed the House 102-10-1 on 5/12/11. Became PA97-0283 on 8/9/11

Chicago – St. Bernard Hospital

Welcome

Meeting Participants – Anne Clancy, Chicago Oral Health Forum; Julie Janssen, Illinois Department of Public Health, Division of Oral Health; Judy O’Shea, IFLOSS Coalition; Mona Van Kanegan, Chicago Oral Health Forum

Local Updates

Rodney Watts – Chicago Dental Society

Bob Egan – Illinois Children’s Health Care Foundation

They have been holding a series of meetings around the state for next state grants.

Glusson Sours – Erie Family Health Center

Tina O’Connor, DDS – Lake County Health Department

Nancy Colovos – Northwest Community Hospital

They are working with Little City in Palatine. The dentist goes there three times per month.

Mary Pat Burgess – Chicago Department of Public Health

About ¾ through their schools. Trying to scan sheets. Initiated SEALS program. Creating bridge between old and new system. Starting case management program this May. Hope to have it up and running by summer. Do IDHFS check first, then make appointments, set up and provide new referral sites. Did principal survey to determine language for consent forms.

Jennifer Herd – Chicago Department of Public Health

Patty Tourbasco – Little City Foundation

Yadira Cafce – Northwest Community Hospital

Jennie Pinkwater – Illinois Chapter, American Academy of Pediatricians

Updated their organization. Working on training providers in Chicago and throughout the state. Faculty training on Friday plus a webinar. Working with IPHCA on their next dental round table June 9 – How to Integrate Dental and Medical.

Kim Bartolomucci – Chicago Community Oral Health Forum

Finished project this year with Chicago Department of Public Health.

Jim Alexander – Sprague Memorial Institute

Jill Baskin, DDS – The Children’s Clinic, Oak Park

Gina Swehla – Illinois Department of Health and Family Services

IDHFS is working with local health departments (LHDs) to have the ability to claim federal match dollars. There are thirteen LHDs who have given them cost results for 2009. They match it against reimbursement and then they will get match right back. The agency is also working with IDPH to monitor school based dental program. Julie Janssen and her staff have always monitored sealant grants so they are doing the monitoring for HFS. If they are a local government entity they can look at doing this for other groups as well. Can also be a university.

Dental grants – have money in capitol development for dental grants for \$2 million. Some are starting, some are in final development. Funds available equal \$100,000 over a two year time period.

They are updating the DORM and it should be out in July. They are looking at making program improvements. HFS has over the past few years had one million in GRF. They don't know if that money will stay.

Ann Roppel – Illinois Department of Public Health

Working on site visits in Chicago Public Schools and other sites in the HFS system.

Megan Tupper – Community Health

They have a facility in West Town and one in Englewood in January of this year.

Jane Jasek – American Dental Association Foundation

She was attending for Dr. O'Laughlin and suggested that those in attendance check out their web sites.

Kenneth S. Nelson – Co-Founder of CURE

Josette Szalko – Executive Director of CURE Network

CURE's definition is Collaborative Underserved Relief and Education Network. Their mission is to improve access to specialty medical care services for the underserved. There is a clinic in LaGrange. They provide immediate medical, dental and vision care in one location and connect all clinic patients with a medical home for ongoing care. They will be at Malcolm X College in Chicago on August 19-21 to provide dental services, vision services, and medical services at no charge to the underserved. At that clinic they anticipate having the capacity to care for 3,000 dental patients, 1,800 vision patients, and 1,500 medical patients. They are recruiting volunteer medical and non-medical personnel and would like for the agencies present to identify people within their organizations who might benefit from these services. CURE wants to provide follow up care also and is trying to develop collaborating partners.

Mary Haupt – Wrigley Foundation

Olivia Roanhorse – Ounce of Prevention

They provide statewide training.

Vipul Singhal, DDS - St. Bernard Hospital

His program has been working on incentives for patients. He designed software that rewards parents for coming on time and coming back for recall and is now working on a system that will give them a card within the next three months.

In the clinic, they are offering physicals and immunizations with their dental exams plus vision care. They maintain records for the schools.

The dental lab was started two years ago by St. Bernard Hospital and its foundation. They provide general lab services and assist certain groups with bridges, crowns, and partials. A special needs unit has also been started and provides services currently one day per week. Next month services will be provided three days per week. Next year they may be able to expand. A nurse has just been hired so that they can embrace the concept of dental home plus comprehensive care with three doctors on staff.

Anne Clancy – Chicago Community Oral Health Foundation

Kennedy King Dental Hygiene will accept students for classes in the fall. They just received approval from the chancellor and are now working on developing community clinics. It is a good community oriented/focused group.

They are finishing the third year of their Sprague Foundation grant. A staff person from Iowa (Alejandra) has been brought on to do dental policy research. Another person will come in the fall to work with Alejandra on

data. A University of Illinois Chicago MPH student is serving an internship working on community transitional research. Anne is also in the process of planning an oral health Chicago summit in 2012. She is on the second draft of the oral health status in Chicago burden document and it will serve as the guide for the summit meeting. The summit will be at the ADA Building in Chicago on January 25, 2012. The summit will help drive advocacy and agenda efforts of CCOHF and our partners for the next five years.

The report is being finished on the focus group study and CPS school based oral health program. Parents, staff, and principals participated in the group study. There is a preliminary data report that needs to be cleaned up and charted. Parents really want ongoing education for the children in the schools, matching students to dentists. Staff wants to be educated regarding all the programs. They want specific dates and times of programs in the schools. An ongoing education program should be implemented for after school programs.

The collection of the senior study is almost finished. Basic screening was done for adults. Data being collected will go into Smiles of Time project. It is due to be done by the end of July. They do have a web site and searchable clinic list.

In a memo on July 11, Anne reported that they received word that their primary initial funder, supporter, and biggest advocate, the Otho S. A. Sprague Memorial Institute has accepted their proposal for year 4's work. They will target educational outreach as a result of the research in the three target communities.

Mona VanKanegan – Chicago Community Oral Health Foundation

She is working on programs in the north and west sides of Chicago.

IDPH, IPHCA, and CCOHF have a joint calendar on their web site. Hopefully this will control competing events. They are maintaining a list of dental providers in the Chicago area. Clinical issues are discussed as well as practice issues. New members are mentored.

Glen Carbon

Welcome

Lisa Bilbrey

Meeting Participants – Lisa Bilbrey, IFLOSS Coalition; Julie Janssen, Illinois Department of Public Health; Judy O'Shea, IFLOSS Coalition

Local Updates

Mary Christen – Illinois Department of Public Health, Oral Health Division, Edwardsville Region

Kim Swinford – Miles of Smiles

Janet Webb – Illinois Department of Human Services, Edwardsville Region

Poonam Jain, DDS – SIU School of Dental Medicine

Gary Hanley will be joining her part time. She is not all alone in community dentistry now. Deb Schwenk is now on the HFS Dental Advisory Committee.

The Dean is moving up to Provost – Dr. Boyle. In October, Dr. Bruce Roder.

As of two years ago each pair of students was assigned to an elementary/middle school in three counties. When they become fourth year students they move with the same group of students. They are considering taking

away the high school requirement. Each of 10 students will be required to be there. There are 8 high schools in Madison County.

Maxine Barth – Administrator, Bond County Health Department

She has found barriers getting her dental sealant grant into other surrounding counties. Vandalia and Carlyle see children for restorative care. Miles of Smiles serves that area. They need to be able to do the preventive part in order to afford restorative care. There is one full time dentist and a dental hygienist four days per week. The no show rate has improved a little. They send reminder cards and call the day before. They also do some double booking.

Lisa Bilbrey – IFLOSS Coalition

This is the 10th anniversary of the Illinois Oral Health Plan.

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