

Public Health Code Advisory Committee Meeting Notes
August 16, 2013

Advisory Committee Attendees Present: (* = via phone)

Lawrence Burns, JD, Chair; Melanie Brim, MHA; Lisa Stefanovsky, MEd; Kim Sibilsky; James Falahee, Jr.; Jean Nagelkerk, PhD, FNP; Dianne Conrad, DNP, RN, FNP-BC, Kevin Piggott, MD, MPH; Loretta Davis, MSA; Brenda Lawson, RN, JD; Mona Hanna-Attisha, MD, MPH; Grace Kreulen, RN, PhD; Kathleen Forzley, RS, MDA; Madiha Tariq, MPH; Renee Canady*, PhD, MPA

MDCH Staff Present:

Irda Kape; Gagandeep Kaur, MPH

Agenda Item	Meeting Notes
<p>Committee Charge/Project Scope</p>	<ul style="list-style-type: none"> • Purpose is to undertake a high-level review of the Public Health Code (PHC) to see that it continues to serve the functions it was intended to do. • The Advisory Committee (AC) will provide the Director/Governor with a fairly concise list of the parts of the PHC that need to be updated. • The need to revisit the PHC came after work on the Governor’s Health and Wellness message and in the spirit of regulatory reinvention. • The Governor may choose to create workgroups to look at specific recommendations in more depth. • AC needs to focus on broad implications of the PHC.
<p>Feedback Form Review</p>	<ul style="list-style-type: none"> • Since AC will only be making recommendations, not changes, to the PHC, there is a discrepancy between the lines <i>The goal of the project is to identify areas of the code in need of comprehensive legislative review</i> and <i>Please note that the purpose of this project is not to change specific provisions of the Code.</i> <ul style="list-style-type: none"> ○ The word ‘legislative’ should be removed on the form. • The sentence <i>Issues requiring longer time periods and extraordinary resources will be reviewed, but may not be a focus for the Public Health Code Review Project</i> should be removed on the form. • It might be helpful to include a description of the PHC review process and the AC’s role in this review. It is important to stress that the AC is not going to change anything, only make recommendations. • With the number of potential stakeholders, it is not feasible to hold open meetings. Therefore, an electronic process where individuals could offer input and a public facing website to offer updates will be created. • There is no word limit on the form. While this could help keep answers concise, it could also limit input. Some associations have already drafted recommendations and those should still be accepted. • We are looking into other State of Michigan projects that involved broad solicitation of input with the goal of identifying best practices for gathering feedback. This includes the Medical

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	<p>Services Administration (MSA) dual eligibility project and the administrative rules review project conducted by the Office of Regulatory Reinvention.</p> <ul style="list-style-type: none"> • 60 days will be provided to solicit feedback from key stakeholders • An example of a completed form should be included. • The <i>suggested changes to this article/part/section</i> box on the form should be removed. <ul style="list-style-type: none"> ○ Can use 'summary of changes' instead • The <i>best practices/other examples</i> should be left in, as it would be helpful for next phase to see how the proposed change might pan out. • It is important to include article, part, section and 'unknown' so that the feedback is easier to sort. • Can also include a drop down box for 'additions', 'retention', 'rescissions', 'delete', 'amend' and 'add'. <ul style="list-style-type: none"> ○ The word 'change' should be added to the form so that it is apparent all are on the table. ○ It is also important to include <i>retention</i> for the parts of the PHC that should remain as is. There may be much stakeholder feedback on the parts of the PHC that should be changed or amended so it is important to include a note for the parts of the PHC that should remain unchanged. • A few individuals from a variety of different backgrounds will be asked to try out the form and provide feedback before it is sent off to all stakeholders. • The design of the feedback form can be used to tailor stakeholder comments in an effort to make sure feedback is concise.
PHC Public Site	<ul style="list-style-type: none"> • The goal of the public facing site is to be as transparent as possible. • An example of a completed form and a description of the process should be added to the site to assist people in using the form. • A Frequently Asked Questions (FAQ) page could also be helpful if the AC is constantly fielding the same types of questions. • A link to the PHC should be included on the website. • Meeting notes will be posted on the website. Identifying information will be redacted. • A @Michigan.gov email address should be posted on the website for questions or comments in an effort to avoid the AC receiving comment directly. <ul style="list-style-type: none"> ○ This can also be used if individuals have questions about which articles/parts/sections of the PHC code they would like to comment on. This will eliminate barriers to providing comments.
Stakeholder list	<ul style="list-style-type: none"> • A list of possible stakeholders, including individuals, groups, associations, etc., was compiled, but is by no means complete.

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	<ul style="list-style-type: none"> • There is typically a point of contact at each area that will be emailed or sent a paper mailing. • Stakeholders will be encouraged to send the feedback form to other stakeholders or contacts that they have. • AC members were invited to submit names of additional stakeholders to MDCH staff following the meeting
Timeline/Process	<ul style="list-style-type: none"> • The AC will not be doing a review of the PHC, only looking at stakeholder feedback and providing recommendations based on that feedback and related expertise. <ul style="list-style-type: none"> ○ Only to recommend areas for additional review based on the compilation of stakeholder feedback, not going through the PHC themselves • MDCH staff will provide a summary of the information to the AC based on criteria established by the AC. <ul style="list-style-type: none"> ○ The criteria the AC would like to see will be discussed at the next AC meeting in October. • MDCH staff is looking into the possibility of allowing all comments to be viewed by the AC in an effort to help them with their recommendations. • Once the summary report has been received and evaluated by the AC, the AC will come to a consensus about what recommendations to include in a report. This report will then be provided to the MDCH director and the Governor. There has not been a similar type of review/recommendation process undertaken before at MDCH. • In the recommendations, AC committee can include what other articles/parts/sections of the PHC it also affects, which may be helpful to the individuals doing subsequent work. • AC committee will decide whether quality or quantity is important when it comes to the stakeholder feedback received. <ul style="list-style-type: none"> ○ Do not want to discourage input from any group and related networks. ○ The quality of the responses is more important when it comes to large quantity of 'form' feedback. However, all stakeholder input will be taken into account based on the criteria that the AC will decide on. • The AC will make broad 10,000 feet view recommendations that will be helpful for the next steps (implementing recommendations). • No federal public health laws are being considered at this time. • The MDCH Communications Office can assist with providing public updates on the review process. • The feedback solicited from the stakeholders will not be available for general public to see. The intent is to avoid much of the back and forth that may take place based on stakeholder input. • If members of the AC are contacted by stakeholders wanting to

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	<p>provide input, the AC member should refer them to the website in an effort to maintain the objectivity of the AC role.</p> <ul style="list-style-type: none"> • By the next meeting, some stakeholder feedback may be available to give the AC a better idea about how the information will be presented to the stakeholders. • The recommendations may be sent to Director Haveman and the Governor's office by April instead of March. • MDCH staff is researching the availability of having stakeholder feedback available before the meetings in an effort to give AC members the opportunity to review in advance. • Since there are a wide variety of groups and associations represented within the AC, there is no need to explain possible conflicts of interest. <ul style="list-style-type: none"> ○ Since the AC is only making recommendations and not actual changes, at this point they are protected from the legislative process. • It is unknown how many recommendations the AC will provide, as this number will be based on the criteria and the feedback from the stakeholders. <ul style="list-style-type: none"> ○ The AC team can decide on sending a single recommendation about a particular article in the PHC or can send many recommendations for one article in the PHC.
Meeting Logistics	<ul style="list-style-type: none"> • At least 70-75% of the committee members must be present in order for AC meetings to take place. • Meetings will be held on the 7th floor room of the Capitol View Building. • The AC will have an additional 5 or 6 meetings total and only 2 more before the end of the year. <ul style="list-style-type: none"> ○ The meeting originally planned for October has been pushed out till November. ○ The meeting hours may be increased based on stakeholder input.
To be added to the stakeholder groups list:	<ul style="list-style-type: none"> • Funeral Directors group/associations • Group of medical examiners (verify whether covered under pathologists) • Laboratory groups • Lobbyist groups that deal with healthcare organizations • American Association of Pediatrics (AAP) – Michigan Chapter • National groups like National Arab American Nurses Association (NAANA) • Coalition of nurses • Free clinics • Mental health associations/groups • Adoption agencies • Substance abuse groups/associations

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	<ul style="list-style-type: none">• LGBT groups• Michigan League for Public Policy• Technology/telemedicine groups like Michigan Health Connect<ul style="list-style-type: none">○ Verify with MDCH HIT section to identify other groups• MDCH employees• County clerks and vital records groups• Waste management groups• DHS, specifically the child and infant review board• AARP• Consumers for Healthcare• Immunization and school education groups• School Community Health Alliance of Michigan (SCHA)• Great Start in the Department of Education• Central Michigan University• University of Michigan Dearborn
Next Steps	<ul style="list-style-type: none">• There will be a request form sent out to try to figure out which dates will work best for future meetings – at least the next two for this year.• Obtain a @michigan.gov email address for the PHC stakeholders and any interested parties with questions.• Additions to the stakeholder list should be sent by August 23rd.• DCH staff will get the PHC website up and running within 30 days.• MDCH staff will reach out to other MDCH areas to figure out best practices for collecting large amount of feedback.• The feedback form will be revised and validated in order to prepare for stakeholder feedback.