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State Board of Health Policy Subcommittee

June 11, 2020

1:00pm

Draft Minutes

Location

WebEx:

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<https://illinois.webex.com/illinois/j.php?MTID=m6292b6fd39e01ed6d78a75a5e2eab3bf>

Meeting number (access code): 133 833 4086

Meeting password: jJXm9FSmv23

Minutes

1. Call to Order – 1:02 pm
 - a. Members Present: Damon Arnold, Patricia Canessa, Rashmi Chugh, Jack Herrmann, Janice Phillips, Julie Pryde, Esther Sciammarella, Sameer Vohra
 - b. Members Absent: Susan Swider
 - c. Guests: Vince Bufalino
 - d. IDPH Staff Present: Allison Nickrent
2. Public Comment—N/A
3. New Business
 - a. Socially distanced activities
 - i. Review of Swimming Facilities Guidance
 1. Applies to pools licensed by the Illinois Department of Public Health
 2. Will take comments from this document into consideration as the State moves from phase three to four, etc.
 - a. Notes that schools are not addressed in this guidance, YMCAs, PT and OT are not addressed and may need to be noted as phases move
 - b. Gathering places should be closed, but Jack mentions that these gathering places are often the way people can actually enter the pool. Should not be closed if they are required to enter the pool.
 - c. There is no mention about the type of water or whirl pools
 - d. Should check and see if IHSA youth sports is affected by this or if they have their own guidance that is different than this.
 - e. Every workplace should be screening employees and customers, which is addressed in this guidance. More clarification on whether employees should be tested.

- f. It is assumed that signage addressing guidance and policies at the pool should be linguistically appropriate for the population being served. Could be clearer in next iteration.
 3. The latest data suggests that 35-40% of positive cases are asymptomatic. There are no broad CDC testing guidance for asymptomatic of employees.
 4. Groups swimming should be limited to groups of ten, and groups should be socially distanced.
 5. Jack makes a motion to pass these comments along to the Director for consideration for further drafts of this guidance. Motion is seconded by Damon and passes by voice vote.
 - ii. Review of Guidance for Food Processing Plants
 1. Damon makes a motion to have the full Board, or Policy Subcommittee at next meeting, review this document for any further policy clarifications are needed. Jack seconds. Motion passes by voice vote.
 2. It is noted that members of the SBOH can call ad hoc meetings as needed and with the Department to hold them in conjunction with the Open Meetings Act.
 3. It may be good to address Migrant Worker Document with this document at the same time.
 - iii. Review of High School Sports Guidance from CDC
 1. Damon makes a motion to table review of IHSA and IDPH sports guidance until next meeting. Jack seconds, motion passes by voice vote.
 2. The CDC document addresses some issues related to pools, and can be reviewed
 3. (Food Handler, Migrant Worker, IHSA Guidance, and CDC guidance, DCEO guidance documentation)
 - b. Scope of practice changes to address mass vaccination needs
 - i. IDPH has a mass vaccination working group, working with the equity group.
 1. See Powerpoint as addendum
 - ii. What would it take to change the ability for providers to give vaccinations?
 1. There are emergency powers, and the Director can allow nontraditional professionals to give vaccinations in keeping with a Disaster Proclamation
 2. Reserve Corps are also an option
 3. There is no language for those who are not residents of the US, needs to be included for infectious disease
 - a. Work is being done on this but additional information needs to be included in this strategy as they move forward
 - b. Something to consider also is how vaccinations will be given in doses—if migrant workers cross state borders, how will they be given second doses of vaccines if appropriate
 - c. Undocumented individuals need to be addressed specifically
 - d. Also consider how standing orders will address pediatric vaccinations, especially when considering pharmacists, dentists, etc.
4. Upcoming meetings:
 - a. **State Board of Health - 11:00 - 1:00 PM**

- i. Thursday, September 10, 2020
- ii. Thursday, December 3, 2020

b. State Board of Health - Policy – 1:00 PM – 3:00 PM

- i. Thursday, August 6, 2020
- ii. Thursday, November 12, 2020

c. State Board of Health – Rules – 3:00 PM – 4:00 PM

- i. Thursday, August 6, 2020
- ii. Thursday, November 12, 2020

5. Adjournment—3:42pm

**IL SBOH Policy Subcommittee Meeting
11 JUNE 2020**

New Business

- a. Socially distanced activities**
- b. Scope of practice changes to address mass vaccination needs**
- c. Influenza immunization campaign**

By (Date) create provisions that allow non-medical professionals to administer COVID-19 vaccinations. Activities:

- a) Review existing liability protections for non-medical/medical health care professionals during COVID-19.**
- b) Discuss potential gaps in current liability protections legislation.**
- c) Review current vaccine administration policies and procedures.**
- d) Identify specific non-medical professions where provisions should be provided.**
- e) Brainstorm potential provision language (i.e. delegation of standing orders).**
- f) Draft provisions.**

By (Date) assess requirements for non-COVID-19 vaccinations during the pandemic (infant and childhood).

a) Review current vaccine administration policies and procedures

a) Identify gaps and needs

By (Date) develop policies and guidance for small business, mentally ill, citizenship issues and homeless populations regarding COVID-19 vaccinations.

- a) Review current policies and guidance regarding COVID-19 vaccinations.**
- b) Refer to Cares Act legislation for guidance.**
- c) Identify current needs and gaps.**
- d) Draft policies and guidance.**

By (Date) develop policies regarding costs for vaccinations/administering fees for providers.

- a) Identify current costs for administering vaccinations for providers**
- b) Review health plan criteria for covering “preventative health service”**
- c) Review Cares Act legislation to ensure COVID-19 vaccination fees can be covered as a “preventative health service”.**
- d) Draft policy**

By (Date) review OPR's rules/policies to assess if we can build from existing work/documents.

- a) Develop an inclusion criteria for existing work documents**
- b) Gather past OPR rules/policies**
- c) Review documents**
- d) Identify documents for use.**

Some Areas Requiring Review

- **Modifying Scope of Practice for the Health care workforce via Gubernatorial Executive Action [Executive Orders (EO)] in Response to the SARS CoV-2 (CoVID-19) Pandemic**
- **Identify the appropriate stakeholders to coordinate a response and state healthcare workforce goals and strategies that address challenges using the influenza pandemic as a model**
- **Determine specific policies that modify scope of practice, such as allowing nurses and pharmacists to dispense and administer medical countermeasures and addressing the use of alternate care sites, such as mobile clinics and schools, during a pandemic event.**
- **Vaccinations, and potentially, SARS COV-2 (COVID-19) antiviral medications distribution.**
- **The roadmap does not provide legal advice and should not substitute for the advice of your general counsel.**

Differences Between Pandemic and Seasonal Flu

Pandemic Flu	Seasonal Flu
Rarely happens (three times in 20th century)	Happens annually and usually peaks in January or February
People have little or no immunity because they have no previous exposure to the new virus	Usually some immunity built up from previous exposure
Healthy people may be at increased risk for serious complications	Usually only people at high risk, such as the elderly and infants, are at risk of serious complications
Health care facilities and hospitals may be overwhelmed	Health care providers and hospitals can usually meet public and patient needs
Vaccine probably would not be available in the early stages of a pandemic	Vaccine available for annual flu season
Effective antivirals may be in limited supply	Adequate supplies of antivirals are usually available
Number of hospitalizations and deaths could be high	Seasonal flu-associated deaths in the United States over 30 years ending in 2007 have ranged from about 3,000 per season to about 49,000 per season.
Symptoms may be more severe	Symptoms include fever, cough, runny nose, and muscle pain
May cause major impact on communities and society, such as widespread travel restrictions and school closures or business closings	Usually causes minor impact on communities and society the general public some schools may close and sick people are encouraged to stay home
Potential for severe impact on domestic and world economy	Manageable impact on domestic and world economy

Pandemic Response: Addressing Scope of Practice Restrictions

- **Scope of practice describes the procedures, actions, and processes that a specific health care professional is permitted to undertake. This is defined by respective state practice acts, association regulations, and board policies. This may include the age group and the type of immunization allowed to be given by a specific provider: VFC (e.g., MMR), Seasonal Influenza, and SARS CoV2 vaccines. Emergency modification of scope of practice may be sought during a pandemic response.**
- **Physicians, Nurses, Physician Assistants, Dentists, Pharmacists, EMTs and Paramedics, Medical Assistants, Home Health Aids, Podiatrists, Veterinarians, Midwives, Home Health Aids, State and Local Public Health Agency Officials, Volunteer workforce (including healthcare professional students).**
- **Note any expanded liability protections are available as a result of state and/or federal emergency declarations and to whom. This can be included in executive actions: EO, emergency proclamations or declarations.**

Wide Range of Stakeholders and Workforce Issues

- Understand the Goals to Determine the Health Care Workforce Response Needs.



- Consider Policy Changes to Implement the Health Care Workforce Response.



- Understand Legal Parameters to Make Policy Changes through Executive Action.



- Develop Communications Strategy to Accompany Policy Changes.



FOCUS: Workforce Goals → Strategy → Workforce Response

- **Workforce Goals and Strategies:**
 - **Reduce disease transmission and prevent deaths**
 - ❖ Educate residents about best practices to avoid new infections
 - ❖ Quickly provide access to medical countermeasures, when available
 - ❖ Treat sick individuals with antiviral medication (per CDC/health department protocol)
 - ❖ Reach priority groups for vaccination (e.g., seniors, children, and chronically ill)
 - **Reduce stress on health care system to allow for the best use of health care providers and to provide the broadest care to state residents (urban and rural)**
 - ❖ Ensure the correct level of care is provided to minimize surge in emergency departments, clinics, and provider offices. When possible, expedite care
 - ❖ Monitor the capacity of the health care system and provide support and guidance if usual standards of care cannot be achieved.
 - ❖ Be prepared to administer two doses of vaccine if needed (e.g., 21 days apart)
 - **Provide the Public and Health Care Workforce with consistent messaging**
 - ❖ Provide consistent recommendations for antiviral treatment and priority groups.
 - ❖ Encourage the public to seek care only when needed.

Authorities and Legal Considerations

- **Some agreements such as the Nurse Licensure Compact (NLC) may facilitate interstate practice for health care professionals. However, states that do not participate in these agreements may need to waive licensure requirements for out-of-state health care professionals. States may consider authorizing temporary licensure reciprocity for health care professionals working on clinical triage lines.**
- **Identify the Statutory Vehicles that outline emergency authorities in the state**
- **Consider the impact of Federal declarations, authorities, and orders on state response**
- **Understand the legal parameters to make policy changes through executive action**

Gubernatorial Executive Order (EO)

- An EO can expedite policy changes state laws and regulations concerning scope of practice, and the implementation of strategies for a specified amount of time during a pandemic or public health emergency.
- An EO can include ancillary communications, such as a ‘frequently asked questions’ document.
- Examples of policy considerations include:
 - Provision of a vaccination or antiviral medication without an individualized prescription
 - Liabilities protections
 - The use of alternate care sites
 - The use of clinical triage lines (such as Flu on Call®)

Policy Considerations for Executive Order

Potential Issue	Potential Solution	Baseline	How an EO can Address the Issue
Delays in treatment may be encountered during a severe pandemic if health care facilities experience a surge.	Increase the number of health care professionals that can provide clinical care and dispense antivirals.	Dispensing authority for antiviral medications is limited for RNs and pharmacists.	Provide temporary modifications in scope of practice for pharmacists and RNs to allow them to provide access to antiviral medications without an individualized prescription.
During a severe pandemic event, a disease may rapidly spread between individuals and increase morbidity and mortality.	Reduce disease transmission and prevent deaths by expanding the ways the public can receive an influenza vaccine.	Certain health care professionals are not allowed to administer an influenza vaccine. Limitations also may exist in the ability to vaccinate children and adolescents.	Provide temporary modifications in scope of practice for pharmacists, nurses, and/or other health care professionals to administer an influenza vaccine and/or allow for broader age groups, such as children and adolescents.
Individuals and entities or organizations delivering care, as well as professionals who are authorizing care, as a result of the pandemic emergency (e.g. signing standing orders and collaborative practice agreements) may fear liability issues.	Communicate what liability protections are available to whom as a result of emergency declarations.	Liability protections are available via certain laws relating to emergency response. Certain federal emergency declarations may also provide immunity from liability claims for a range of activities related to covered countermeasures, such as the influenza vaccine.	Specify what expanded liability protections are available to whom as a result of state and/or federal emergency declarations.
During an emergency, access to health care services may be limited due to limitations on authorized care sites.	Provide flexibility in care sites to widen the availability of services to areas where they are needed most.	Under some state laws, some health care professionals' are limited to practicing in specific care sites. In addition, provision of certain clinical services may be limited to only designated health care facilities.	Allow providers to practice in alternate care sites such as mobile clinics, and designate facilities that are not licensed health care facilities as a source of care, such as schools.
Symptomatic individuals may be required to go to doctors offices, clinics, and hospitals to receive professional care for illness, and delays in treatment may occur if these facilities experience a surge.	Expand the ways that symptomatic individuals can receive treatment during an emergency through clinician triage lines. CDC is developing a network of triage lines (Flu on Call®) to serve as an alternative way to receive medical care during a pandemic.	In some states, registered nurses and pharmacists, working under an approved protocol may be able to provide access to antiviral medicines by phone for patients who meet certain criteria. Interstate issues may arise when delivering services across state lines via clinician triage lines.	Authorize the use of clinician triage lines, such as Flu on Call®, to deliver care. This may be done through temporary modifications in existing standing orders/ protocols or by creating new ones. Authorize temporary licensure reciprocity for health care professionals working on clinician triage lines.

Alternative Care Site Flexibility

- **Address state laws limiting the provision of services to licensed health care facilities.**
- **Mobile Units**
- **Vaccination Clinics**
- **Designation of facilities for care which are not licensed as health care facilities (e.g., schools).**

What States have Done Previously

1

State Response: On October 12, 2010, Governor John Balducci issued an executive order that designated the Maine Emergency Management Agency Director to employ health care professional licensed in the state to administer vaccines and participate in vaccination clinics. Any person employed in this manner was deemed to be an employee of the state and was extended protections from liability and workers' compensation in accordance with state law.

State Response: On November 6, 2009 Governor O'Malley issued an executive order in response to the H1N1 health emergency. The order permitted EMT-Paramedics and licensed Cardiac Rescue Technicians to administer the H1N1 vaccine to the general public. The Secretary of the Maryland Department of Health and Mental Hygiene was also granted the authority through the order to authorize additional categories of appropriately trained and experienced health practitioners to administer the H1N1 vaccine. Through this authority, the Secretary allowed licensed, certified pharmacists to vaccinate individuals ages 13 and older.

State Response: On June 9, 2014, Governor John Kasich issued an executive order declaring an emergency and authorizing the Board of Pharmacy to adopt emergency administrative rules authorizing licensed pharmacists to administer the MMR vaccine to individuals 18 years and older, in order to provide those adults who have not yet received the vaccine with additional locations to obtain the MMR vaccine.

State Response: On October 28, 2009, Governor David Paterson issued an executive order that allowed adults to be immunized in school-based clinics that ordinarily served children. The executive order also allowed for state health department authorized part-time clinics to be operated by hospitals in elementary or secondary schools.

What States have Done Previously

2

State Response: During the 2009 H1N1 influenza pandemic, the Minnesota Department of Health (MDH) worked with Children's Hospitals and Clinics to create a coordinated statewide nurse triage line (NTL) system called the MN FluLine (Minnesota FluLine) that began October 21, 2009. This system was created to address the following objectives: (1) decrease public confusion by providing accurate information, consistent messaging, and assistance, including use of antiviral medications when indicated through protocol via prescription by the health plan medical director or state epidemiologist; (2) decrease the spread of disease by reducing the volume of sick individuals gathering in health-care settings (HCS); (3) reduce medical surge on the HCS to ensure that other priority medical needs would continue to be met; and (4) meet the needs of uninsured or underinsured patients, and those without easy access to health care. Patients were able to call a single number and be routed to the appropriate line for their insurance plan. Those without insurance were provided antivirals through use of the state stockpile and through agreements negotiated with pharmacists.