

State Board of Health Policy Committee

Thursday, August 21, 2025

1:00 PM-3:00 PM

Meeting Minutes

Meeting Recording:

[State Board of Health Policy Committee Meeting-20250821 1755-1 - Webex](#)

Locations

WebEx Video Conference Service

Join by phone +1-312-535-8110 United States Toll (Chicago) or +1-415-655-0002 US Toll

Webinar number: 2863 944 7097 Webinar password: KBp8ptQDQ73 Access code: 286 394 47097

Join link: <https://illinois.webex.com/illinois/j.php?MTID=m60bb23ad9f8f16d0497454dc735eb859>

Minutes

1. Call to Order

- Members Present: Damon Arnold, Dawn Brown, Rashmi Chugh, John “Jack” Herrmann, Esther Sciammarella, Susan Swider
- Members Not Present: Not Applicable
- IDPH Staff Present: Allison Nickrent, Jessica Bounds, Alma Collins, Louis Lee, Matthew Smith, Emily Spangler
- Guest: Karen Phelan

2. Public Comment

- Not Applicable

3. New Business

a. Federal Updates Presentation (Matthew Smith)

- i. Many executive numbers have been rapidly issued by the new federal administration, and this has prompted numerous policy changes across sectors.
- ii. IDPH is currently closely following the “One Big Beautiful Bill Act” (OBBA) which was signed in July and how it will impact the ongoing FY 2026 federal appropriations process. The act will significantly impact major public health funding, though direct impacts on IDPH still remain uncertain.
 - OBBA will create work requirements on Medicaid (80-hours of work per month for most recipients) with monthly verifications. Increased costs expected for states.
 - States are authorized to tax medical providers a certain amount and use this revenue for federal Medicaid match. OBBA caps total to 5.5% beginning in 2028, down to 3.5% by 2032. HFS expects this to cost Illinois \$50 billion.
 - OBBA created significant changes for SNAP: Expanded work requirements and required state-match funding.
 - Expanded work requirements exemptions now apply to individuals with children below the age of 14, from the age of 18; and individuals over the age of 65, from 54.
 - Illinois spends \$5 billion on 1.8 million individuals, OBBA expected to put one in five of

these people at risk of losing benefits.

- State-match funding to be dependent on state's respective payment error rate. Illinois' rate of 10% means we would pay a 15% match rate expected to cost \$705 million.
- iii. Recent executive actions have been taken to address homelessness and substance use disorders, and these may influence state programs. IDPH will monitor their legality and potential impact.
- iv. Another executive order was issued that requires grant review at all federal agencies to receive final approval by a political appointee in the respective department's leadership.
 - Lag time is expected to increase, as federal grants may not be reviewed at the same speed of the traditional panel of experts. Litigation and difficulties surrounding the operationalization of this order is to be expected, as well.
- v. The Federal Food and Drug Administration is expected to take the COVID-19 vaccination off-label for certain age groups if risk signs do not exist. Federally-funded programs that follow the Advisory Committee on Immunization Practices' guidance are expected to be impacted.
- b. Evolving the Committee's Policy Role
 - i. Presentation on collaboration on priority areas (Matthew Smith)
 - Rural Health
 - Proposed federal Medicaid cuts may significantly affect rural and safety-net hospitals.
 - A University of North Carolina study identified nine Illinois rural hospitals at risk of closure because of high Medicare/Medicaid utilization (given OBBA's effects on reimbursement and Medicaid coverage). IDPH is exploring ways to support rural healthcare providers.
 - Global Health
 - Illinois' public health is tied to global trends. The new federal administration has withdrawn the United States from the World Health Organization, yet millions of international travelers visit Illinois each year. IDPH is studying how to conduct surveillance and target global-health efforts in the absence of WHO engagement.
 - Matthew Smith encouraged committee members to suggest policy topics for future meetings and to share areas requiring deeper analysis.
 - ii. Committee Discussion – Open Floor
 - Food safety (Damon Arnold)
 - Food safety is framed within a wider context that includes climate change, weather extremes, environmental conditions, and infrastructure adequacy. Factors ranging from particle physics to land use and the built environment can influence the food chain and human health.
 - Environmental factors such as extreme weather, deteriorating infrastructure and ecosystem changes can compromise food safety, security and access.
 - Social and behavioral contexts also influence environmental exposure pathways and food consumption choices which directly affect health outcomes. Chronic kidney disease, mainly caused by diabetes and hypertension, is an example of how public-health interventions should be better aligned with medical monitoring and appropriate referrals.
 - Agencies and policies should ensure that food remains safe and accessible amid environmental challenges. Not only are adverse food reactions (food allergies, sensitivities, and intolerances) important but the composition of a person's dietary food components has a dramatic impact on their ultimate health outcome.
 - There is a need to also account for local and regional difference in the ability to access healthy foods as food deserts can exist in rural as well as within more densely populated inner-city locations. Rural food deserts are characterized by a lack of grocery stores, supermarkets, or other retailers offering a variety of affordable, nutritious foods.
 - Cottage Food Update (Susan Swider)
 - The Illinois Cottage Food Program allows certain food to be produced in home kitchens and sold to consumers.
 - Food safety, nutrition, and security are intertwined together; in the United States, foodborne illness causes an estimated 48 million cases of foodborne illnesses and 3,000 deaths. Globally, there are around 600 million cases and 420,000 deaths each year.

- Illinois' Cottage Food Law was enacted in 2012 and permits home-based food businesses to sell low-risk foods. Subsequent amendments broadened the law so that instead of listing a small number of approved foods, it only prohibits a narrow list of items that can't be safely prepared at home.
- A stakeholder workgroup that included health departments, farmers' market associations, the Chicago Food Policy Action Council, and the Institute for Justice created the Cottage Food Guide, a safety-plan template for acidified and fermented foods, and a home self-certification checklist.
- This Guide provides registration instructions, testing recommendations (e.g. for pH testing and home canning), and business-start-up advice.
- This workgroup meets regularly to review and update the Guide based on new science and feedback, which is a key example and model of civil, collaborative policy implementation.

4. Old Business

- a. Not Applicable

5. 2025 Meetings

a. **STATE BOARD OF HEALTH 11:00 AM – 1:30 PM**

- iii. September 4
- iv. December 11

b. **STATE BOARD OF HEALTH RULES COMMITTEE 1:00 – 3:00 PM**

- iv. November 6

c. **STATE BOARD OF HEALTH POLICY COMMITTEE 1:00 – 3:00 PM**

- iv. November 13

6. Adjournment

- a. Damon Arnold requested a motion to adjourn, Susan Swider moved to adjourn the State Board of Health Policy Committee meeting. Esther Sciammarella seconded.

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