

NEW JERSEY PUBLIC HEALTH COUNCIL
MINUTES of FORMAL MEETING

NJ Department of Health & Senior Services
Market and Warren Streets
Trenton, New Jersey

Monday, June 13, 2011

BOARD MEMBERS PRESENT:

Dennis San Filippo, Vice-Chairman via telephone
Richard Censullo, Member via telephone
Robert Gogats, Member
Mickey Gross, Member

STAFF:

Bonnie Wiseman, Executive Assistant to the Deputy Commissioner
Donna Pasqualine, Secretarial Assistant to the Deputy Commissioner
Joe Pergola, Childhood Lead Program

Reported By:

Amber Tetterer, a Shorthand Reporter and Notary Public within the State of NJ, do hereby certify That the witness(es) whose testimony is 10 hereinbefore set forth was duly sworn by me, and the foregoing transcript is a true record of the testimony given by such witness(es). I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.

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CALL TO ORDER

Bonnie Wiseman, opened the meeting on Monday, June 13, 2011 located at the New Jersey Department of Health and Senior Services, Board Room, 1st Floor, Health and Agriculture Building, Trenton, New Jersey.

MOTION SUMMARY

1. Approval of March 14, 2011 Minutes
2. Notice of Adoption for N.J.A.C. 8:51A Screening of Children for Lead Poisoning Readoption without Changes
3. To Hold Election at Next Meeting

June 13, 2011

PUBLIC HEALTH COUNCIL VOTING RECORD

VOTING BOARD MEMBER	ROLL	1	2	3
Mr. Censullo	Y	Y	Y	Y
Mr. Gogats	Y	A	Y	Y
Mr. Gross	Y	Y	Y	Y
Dr. Lewis	(-)	(-)	(-)	(-)
Mr. San Filippo	Y	Y	Y	Y
Mr. Yardley	(-)	(-)	(-)	(-)
TOTAL	4	3-Y	4-Y	4-Y
TOTAL Absent	2	1-A 2- (A)	2- (A)	2- (A)

MS. WISEMAN: I will begin the meeting. This is a formal meeting of the Public Health Council. Adequate notice of this meeting has been published in accordance with the provisions of Chapter 231, Public Health Law 1975, Chapter 10:4.10 of the State of New Jersey entitled "Open Public Meeting Act." Notice was sent to the Secretary of State where they posted the notice in a public

place. Notice was forwarded to 17 New Jersey 14 newspapers, two wire services, two Philadelphia newspapers and the New Jersey Public Broadcasting Television Station.

MS. PASQUALINE: With that we'll call roll. Mr. Censullo?

MR. CENSULLO: Yes.

MS. PASQUALINE: Mr. Gogats?

MR. GOGATS: Present.

MS. PASQUALINE: Mr. Gross?

MR. GROSS: Yes

MS. PASQUALINE: Dr. Lewis?

(Whereupon, there was no response.)

MS. PASQUALINE: Mr. SanFilippo?

MR. SAN FILIPPO: Present.

MS. PASQUALINE: Mr. Yardley?

(Whereupon, there was no response.)

MS. PASQUALINE: Okay, we have a quorum. Can we vote to approve?

MR. GROSS: Motion to approve.

MS. PASQUALINE: Any seconds?

MR. SAN FILIPPO: I second it.

MS. PASQUALINE: Okay. Motion to approve the March 14th minutes. Next we have Joe Pargola –

MR. GOGATS: We have to vote on it.

MS. PASQUALINE: Mr. Censullo?

MR. CENSULLO: Yes.

MS. PASQUALINE: Mr. Gogats?

MR. GOGATS: Abstain

MS. PASQUALINE: Dr. Lewis?

(Whereupon, there was no response.)

MS. PASQUALINE: Not here. Do I have to call her name anyway?

MR. GROSS: No.

MS. PASQUALINE: Mr. Yardley's not here.

MR. GROSS: Mr. Gross is a yes.

MS. PASQUALINE: And Mr. SanFilippo, do I ask him as well?

MR. SAN FILIPPO: Yes.

MS. PASQUALINE: Three yeses. Does that count as an approval?

MR. GROSS: Yes.

MS. PASQUALINE: Minutes are approved. Joe Pargola is here to present to you.

MR. PARGOLA: Good morning. My name is Joe Pargola and I'm with the Childhood Lead Program for the Department of Health and Senior Services. We're here today for the re-adoption without amendment of N.J.A.C. 8:51A, screening children for lead poisoning. Would anybody care for an overview of what the regulations state?

MR. GROSS: Please.

MR. PERGOLA: As a brief summary, 8:51A applies to physicians, registered nurse professionals as appropriate in licensed healthcare facilities and in licensed clinical laboratories who perform blood lead tests. The purpose is to prevent children under 6 years of age from the possible effects of lead exposure by requiring a lead screening. Further, it defines a periodic environmental assessment, which deals with appropriately assessing and screening for elevated blood lead levels. It deals with periodic environmental assessments to be performed within 12 months prior to a provision of services and written notation being placed in the child's medical record. It also deals with a minimum of a questionnaire, which deals with where a child resides in or previously visited in homes built before 1960 or where paint was peeling, chipping or otherwise deteriorated and whether or not a child resides with an adult who has engaged in an application or hobby where material obtained lead is used. And it also deals

with providing a child's guardian guidance on lead poisoning prevention. It also lays out a lead screening schedule dealing with children primarily between the ages of 6 months and 6 years of age and lead screening will be performed on each child, ideally between 9 and 18 months or as close to 12 months as possible and between 18 and 26 months of age preferably at or as close to 24 months of age as possible. There are also provisions for children who are identified as high risk for lead exposure. Each child between 6 and 24 months shall be screened unless they've been screened within the previous 6 months. Risk assessments indicate exposure to a new high dose source since the last time that a child was screened, and then finally, a child older than 26 months, but less than 6 years of age who have never previously been screened for lead poisoning. It also speaks to exemptions for the physician, registered professional nurse or healthcare facility that does not have the capability to perform blood lead tests or provide adequate follow up. A parent or legal guardian refuses to have a child tested or if during the treatment as an emergency, the administration of a blood lead test was hindered in its ability to adequately resolve the child's emergency problem. And then it speaks to specimen collection that the screenings for lead poisoning shall be by a blood lead test. A venous blood sample is the preferred specimen, however, the capillary or finger sticks will be used as an adequate screening tool. Any collection will be sent to a lab for testing as defined by the clinical lab licensed by the department. And then the reporting physician, registered professional nurse or healthcare facility shall provide the care as a legal guardian with the results of the blood lead test and explanation of the significance of the results, and for a child who has a venous blood sample greater than or equal to 10 micrograms per deciliter, they shall be notified -- the parent or legal guardian shall be notified in writing and an explanation in plain language the significance of the blood lead results.

And lastly, the regulation deals with medical follow up of lead screening that the physician, registered nurse professional or healthcare facility screens the child, shall provide, with a reasonable effort to ensure the provisions of risk reduction, educational and nutritional counseling of each child with the blood lead level equal to or greater than 10 micrograms per deciliter. That the screening is done in the instances where a finger stick or capillary test was done. Cooperate with the local health department in providing information needed for case management and environmental follow up as specified in Chapter 13 of the sanitary code now known as N.J.A.C. 8:51.

And then in the instance where a child has an elevated blood lead level, blood testing shall be performed on all siblings who are members of the same household who are between 6 months and 6 years of age. That is the summary of amended -- I'm sorry, the proposed 8:51.

MR. SAN FILIPPO: Thank you, Joe. I anticipate that there may be some funding issues for this re-adoption so I'm just going to open it up to council members for discussion at this point.

MR. GROSS: Question. Relocation. Could you explain whose responsibility it is and where the funding is coming from?

MR. PARGOLA: Yes, I can. The responsibility lies within the property owner and in the situation that the property is owner occupied, it is within the owner, in most instances the child's legal guardian. The lead hazard control assistance fund is set up with the Department of Community Affairs that will handle relocation funding. There is a set application. There are procedures for the property owners and families to help make sure that the applications are filled out completely and then the families are approached from there.

MR. GROSS: So just so I'm clear about this, the issue that this council had in the past was that if the landlord was not available, that the responsibility might fall on the municipality or the county to be responsible for the relocation dollars. For what you're telling me now, and thank you very much for that, the DCA will handle the funding for the relocation?

MR. PARGOLA: It must be filled out by the proper person. In the absence of the landlord, obviously, it's within DCA. They have their regulation, which is N.J.A.C. 5:48.

MR. GROSS: It is DCA that is funded for this.

MR. PERGOLA: To my knowledge, yes. Obviously, the budget is not final but they do have money available.

MR. GROSS: My thing was -- my concern was, and trust me, I worked eight years in Perth Amboy, you move people out, you have absentee landlords who live in Florida, trust me it happens all the time, and the municipality is stuck with people living in a hotel for two months and they get a bill. And I don't have to tell you what's happening around the State as far as municipal budgeting. I'm a Councilman, I can tell you what's happening. There is no money available. If the money is available from the DCA, it's a whole different issue.

MR. PARGOLA: They work on a priority basis. The appropriate people to ask those questions would be the DCA, but our working with them, there is a priority method as determined in the regulation that first they will try to appropriate funds to children where there is a lead poison child.

It's my understanding that prior to, anybody that has an issue could apply for the fund with or without a lead poison child.

MR. GOGATS: I know I received a letter and there's no more money in the fund, so that money is dried up.

MR. PARGOLA: We've worked with local health departments to have them apply just recently to the fund.

MR. GROSS: I'm not being a wise guy. Were you successful?

MR. PARGOLA: I believe the applications are still pending.

MR. GOGATS: I have a number of issues. One of the other issues, when this came up before we asked for an accounting of what this would cost the State of New Jersey, and the local municipalities and we asked the department to provide that, did we ever get that?

MR. GROSS: I haven't seen it.

MR. PARGOLA: I don't know who that was addressed to.

MR. SAN FILIPPO: Has there been any comments on the re-adoption from the New Jersey Health Association or the Environmental Health Association in regards to the funding on this re-adoption?

MR. PARGOLA: No. We received two comments. One was from a constituent and one was the rule procedure process and how you can respond to comments and the request to remove lead from ammunition and lead sinkers, which is not within the department's purview. And the second was from, I believe, the Hunterdon County Health Association and a group of physicians who wanted to be able to allow local boards of health to choose a targeted data driven lead screening as opposed to the universal screening.

MR. SAN FILIPPO: These rules – the regulation before us, this is not passed today; right? What is the period if it's not passed today?

MR. PARGOLA: The six-month extension is set to expire on June 17th and then these would be re-adopted thereafter. And the re-adoption is without amendments so there are no changes.

MR. GOGATS: So can there be an amendment made to this now?

MR. PARGOLA: I don't believe now. We can certainly go through and take any suggestions as we go through the draft.

MR. GOGATS: One of the things is that the healthcare facility does not have the capability to perform the test. They can give a script to the patient; correct?

MR. PARGOLA: That's correct.

MR. GOGATS: I think somewhere in the regulation there should be written that that person writing the script still has the responsibility to ensure when the test is given to do follow up on it and ensure that the patient has gone through the test and depending on the results, still be responsible for it. I don't think that's in the law. I think that's a loophole. I think it needs to be fixed.

MR. CENSULLO: Just as a practical matter, let's walk through this for one second. We identify a child that has lead poisoning and you wish to relocate the family. As a practical matter, if we're going to move this family to a hotel, they want some type of guarantee of payment. That kind of puts the municipality on the hook because it's the municipality's responsibility from what I've read. The hotel is not going to say, we're going to apply for funding and we may or may not get the funding. I don't think the owners of the hotel will be very cooperative at that point. Are there any comments on this?

MR. PARGOLA: No. The responsibility of relocation falls with the property owner.

MR. CENSULLO: I'm just talking about -- a lot of the property owners, as Mickey indicated, are absentee owners. This is a very slow, painful process.

MR. GROSS: The one thing that I do know is that, correct me if I'm wrong, sir, let's just say for the sake of argument that the DCA says the hell with it, we're out of money for whatever reason, can the township put a lien on the property?

MR. PARGOLA: The provisions to do the work is within 8:51, not within the regulation as presented today.

MR. GROSS: They can put -- for example, we have absentee landlords. Instead of waiting for some guy to appear in municipal court after two months, we hire a landscaper, we charge him \$200, I don't care what we charge, we cut his grass, we put it on his tax bill and then we still get a summons. So there is relief in the sense that we could put a lien on the property; correct, Rob?

MR. GROSS: I'm just thinking ahead. The amount of money that's needed to do the work and how long the work gets done. This is a real challenge for everybody.

MR. SAN FILIPPO: The problem is still going to continue that while -- if you get into an abatement procedure, you still have to go through that process and wait until it's completed. So you still have the issue of funding the relocation until that's done. You're not going to be able to tack onto the owner's property that's being abated because of relocation.

MR. CENSULLO: The law does go far enough to say that we could recoup any damages for relocation.

MR. PARGOLA: If I may, I think we're getting very much off topic. Anything that would involve a lead poisoned child would not involve 8:51. So looking at any kind of penalty provision -- I believe you're looking under 24.14A, which deals with public nuisance. That would not be relevant in any case where a child has an elevated blood level and needs relocation, and in both instances they're deviating from the gist of the screening regulations that are proposed today. Not to say that I don't understand, and we do try to work with the health departments when issues arise in any situation when a child has lead poison.

MR. GOGATS: Are you funding this program at all?

MR. PARGOLA: There are -- I'm not the person to speak to that specifically, but there are other agencies that we provide funds to.

MR. GOGATS: Local health departments?

MR. PARGOLA: Local health departments.

MR. GOGATS: So you're still funding them?

MR. PARGOLA: Yes. We do provide funds. I don't have the details. That's not my -- I can't speak to that.

MR. GROSS: But we can get a lien in this type of situation for relocation costs.

MR. PARGOLA: Under 8:51, I don't know the specific subchapter. The work can be done and a lien can be taken out on the property.

MR. GOGATS: I think that I would like to see --

MR. GROSS: Last resort.

MR. GOGATS: I'd like to see a written cost of the program and also what funds are available. Have somebody write it up and from whom to do this work. I know we're not funding for anyone. And if I'm not mistaken, we don't have any amount of time that is put into the regulation the health officers get fined.

MR. PARGOLA: And again, we're speaking about 8:51 and not 8:51A, but in the years since 8:51 has been adopted, no local health department has been penalized for their noncompliance. It is an alternative. It is certainly a last resort but it is an indication where there is a health department that completely refuses to follow the regulation.

MR. GOGATS: One of the -- you don't have to worry about this but we're funded by the body of the municipality, we're funded to do a job and when they say

there's no more money to do that job, then as a health officer, I have to do a job that we're not funded to do. I don't do that.

MR. PARGOLA: It's something that we work with the health department. I can't - I certainly do sympathize. We all understand the effects of budget cuts but the only suggestion is, and we make this offer to the local board of health all the time, if there is a specific instance where there is an issue, give me a call. We also try to utilize the catastrophic illness in children, which is a one-time fund that would be able to cover lead base in something that is specifically covered to the details that are left with funding amounts that are still available in that month. Throughout the course of the few years that I've been involved, they've been successful. We're always looking for ways to work with the local board of health.

MR. GROSS: The DCA, and I'm sure other health offices, will tell you the same thing. They had this program, this great program a couple years ago where they were going to fund people to remove tanks out of their yards. I got two people in the City of South Amboy that have big mounds of dirt in their yard that want to have their tanks removed and now all of a sudden they said there's no money. Now, I got people standing around saying, who's going to pay this astronomical bill to have the property remediated and the whole bit after they were told their applications were in. This is what scares me with the DCA. Are they going to do this again? And Bob, I'm sure you're aware of the situation with the tanks.

MR. GOGATS: I am. The most critical issue is the department that has to layoff staff. Let's say the health department is responsible for this, it comes up, they layoff -- they don't have a person on staff to do the work for them. Do you have people that will go out and do that for them?

MR. PARGOLA: One of the things that we're looking into is shared services. We have set up mentoring with the local board of health that does not have the capacity.

MR. GROSS: So the funding would be based on state funding.

MR. PARGOLA: It is something we've presented to a number of health departments.

MS. PASQUALINE: Ready to vote?

MR. SAN FILIPPO: I understand the State Health Department is always willing to work with the local health department, but it still comes down to funding relocation costs.

MR. GOGATS: You can give us all the help you want, that's great, but the funding to do that is the problem.

MR. PARGOLA: The only response to that is that the funding is set up through the lead hazard assistance fund, which is the Department of Community Affairs. The regulations are there. We work with them in instances where we can intervene if the health department isn't getting a timely response or they need help or there are different extenuating circumstances. But that's the funding mechanism. One of the other options we try to work with the local health department is if it is a landlord that has a multiunit dwelling, if they have a vacant apartment, the Department of Community Affairs also has the lead safe housing registry, which identifies the unit as being lead hazard safe and lead free. We do try to utilize that in different areas, as well, to try to help target and identify available properties to move a family in. A lot of times property owners have multiple numbers of units and there's one vacant. It's easy enough for a temporary time to relocate them into one of those properties. So those are different ways we try to maximize the resources available to the local health department.

MR. GOGATS: Do you pay for that?

MR. PARGOLA: No. The property owner is responsible for the relocation. The funding is available. We're trying to offer up a variety of suggestions. If there are vacant units that a property owner has, we suggest that they relocate the family into what's provided and is lead safe.

MR. GOGATS: I don't think the issue is going to go away. We still have the same issues. The discussion is about funding for moving people out of homes. The funding we know -- we've been given letters and there is no more left. We either put that issue aside or we conclude it, but it's an issue.

MR. PARGOLA: It's certainly something that's part of the discussion moving forward but the focus is now for the re-adoption of 8:51A, which is the regulations for the screening of children in New Jersey and I think that's what we primarily need to focus on and all the other issues we deal with moving forward.

MR. GOGATS: If we approve this, how do we move forward from here to getting answers to questions and solve problems for the future?

MR. PARGOLA: If you have specific questions, I am not the person to answer that. I am not -- that's not the area that I deal with. You can send a request to the program manager with specific information that you'd like to know and we can work with them to answer the Council's specific questions.

MR. GROSS: I'm going to put a motion on the floor that this get approved contingent that there's funding available.

MR. GOGATS: Funding for what?

MR. SAN FILIPPO: Relocation?

MR. GROSS: Yes. Motion approved contingent on available funding for relocation.

MR. CENSULLO: Second. If you're not the person we should be speaking with, that person should be at the next meeting.

MR. PARGOLA: I will pass that along and my apologies for not being able to answer those specific questions.

MR. CENSULLO: One other comment. If children services, DYFS was to be more involved in a relocation. We're not really even in that business, hotels, motels or whatever relocating families. It's just a thought. I don't know what the Department of Community Affairs is, but if we worked with the DYFS agency before in emergency situations where they simply have a wealth of funding to move the children to different locations, it might be something to think about.

MR. SAN FILIPPO: Joe, is it possible that you can get some information from the Division of Youth and Family Services?

MR. PARGOLA: I'm sorry, I can't hear you. Can you repeat that?

MR. GOGATS: He wants to know if you can get someone from DYFS to come to the meeting to represent the possibility of them taking part in the relocation of children?

MR. PARGOLA: I can't make promises or speak for DCA, but I can certainly relay it to my supervisor that that request was made.

MR. SAN FILIPPO: These are responses to the same regulation and we still have the same issue. Let's see if we can sustain on those and get a little further than where we are now. We have a motion, we have a second, is there any further discussion on this?

MS. PASQUALINE: Take a vote. Mr. Censullo?

MR. CENSULLO: Yes. It's difficult but I have to think of the children and weigh out everything overall, and as far as for the sake of the children, my vote is yes.

MS. PASQUALINE: Mr. Gogats?

MR. GOGATS: Yes.

MS. PASQUALINE: Mr. Gross?

MR. GROSS: Yes.

MS. PASQUALINE: Mr. San Filippo?

MR. SANFILIPPO: Yes.

MS. PASQUALINE: Okay. Motion carries with a contingency on the funding.

MR. SAN FILIPPO: Next on the agenda is topics for the next agenda. Any suggestions from any of the council members?

MR. GOGATS: Didn't I see something on the last minutes about rabies?

MR. SAN FILIPPO: You're breaking up. Can you just repeat that?

MR. GOGATS: I'm looking through the minutes. I don't know if anything happened since March, but there was a request for a follow up from Dr. Campbell about a rabies issue. I think I remember seeing that, so I just wanted to bring that up. I think we would like to have a financial breakdown of what the lead program costs the State of New Jersey and the residents of the State of New Jersey.

MR. SAN FILIPPO: Is that possible?

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MR. PARGOLA: If you have specific information that you would like, if you want to send a formal request, we can address each issue that you raise.

MR. SANFILIPPO: Why does that request have to be in writing by the Public Health Council?

MR. PARGOLA: It's just a suggestion. If we have the information that you want specifically, it provides us an opportunity to get you as much detail as we possibly can, and if you would like someone to speak at the next meeting it's something I can raise.

MS. WISEMAN: If I may add, this is a multi-factorial issue in terms of many different departments in addition to health, so if the request were in writing and detailed as possible, it would enable more of the responsible parties to at least give a response.

MR. GOGATS: You're right. That's a good point. It's more of a workshop rather than somebody just presenting some information.

MR. GROSS: I would like to see brought up at the next meeting -- I brought it up a couple of years ago and it died on the vine and I want everyone to consider it again. We have laws on the books about vicious dogs and as I explained once

before, there's a loophole in the law that really does not give a health officer of the community full authority over that situation, because that employee, that animal control officer, if he's an employee of the police department or of some kennel or something like that, there's really some language that needs to be addressed with that. So when there's a vicious dog situation where we have a pit bull and unfortunately -- and I had it happen where it ripped the guy's arm almost off and the health officer is standing there because he doesn't have the authority to have that dog, under the vicious dog laws, taken into custody. This needs to be addressed because police officers, they do a good job enforcing the laws, but I don't think they're in a position in some cases to be making those decisions where a licensed health officer should, and I think this is something that needs to be addressed before something falls through the cracks and some poor kid ends up getting killed or something like that. We've had these instances in New Jersey where people have gotten seriously injured and it needs to be addressed for the better of all.

MR. SAN FILIPPO: What would you recommend be the course?

MR. GROSS: Honestly, Dr. Sorhage and her group and I can't imagine they would have an argument. It appears to me -- it looks like it was -- the way the wording is, it was kind of -- I'm not blaming anyone. I think it's just a clerical error the way things were written that kind of eliminated the health officers -- not eliminated but took a lot of the power away from the health officers and I just think we need to clean that language up. We had a situation a few years ago where a police chief, an animal control officer in the town and a health officer were all looking at this area differently while some poor woman had her arm ripped off. We have to look at this thing and do what's right.

MR. CENSULLO: I think I couldn't agree with you more. I had a situation where a little girl was degloved and recently two senior citizens were mauled by two pit bulls. I've been going through this. I want to point out, too, more and more municipalities are using private agencies for their animal control services. So now you have a decision of the government process in the hands of a private agency and I don't think that's acceptable.

MR. SANFILIPPO: Who is there representing the State?

MS. PASQUALINE: Bonnie Wiseman.

MR. SAN FILIPPO: Can you be at the next council meeting so we can put this on the agenda?

MS. WISEMAN: Yes.

MR. GOGATS: For two years now, I've been asking that we reorganize the Public Health Council and the reelection, and the last time I remember this

coming up we all decided that April would be the date, if we didn't have a decision made, we would make a decision to do that.

MR. SAN FILIPPO: I have no problem with that, but I think the chair -- I will talk to him about getting that on the agenda as an issue because you're right.

MR. GOGATS: I make a motion that we hold an election at the next meeting.

MR. GROSS: I'll second it.

MR. CENSULLO: If I recall, Bob, I think you were at the last meeting. I think it was back in December you had asked to serve on a nominee committee. Unfortunately, I had a little baby boy and I was distracted and I don't know what came forward, but yes, I feel we should proceed at the next meeting with elections.

MS. PASQUALINE: Mr. Censullo?

MR. CENSULLO: Yes.

MS. PASQUALINE: Mr. Gogats?

MR. GOGATS: Yes.

MS. PASQUALINE: Mr. Gross?

MR. GROSS: Yes.

MS. PASQUALINE: San Filippo?

MR. SAN FILIPPO: Yes.

MS. PASQUALINE: Motion to have an election at the next meeting.

MR. GROSS: I have a couple other issues that we should consider discussing and you guys can decide whether you think it's a good time for that. I think it's time to re-list the public health practice standards. I think there are some adjustments that need to be made to them. I think it's something that Council ought to address. And also, we should be considering the accreditation of local public health departments. I think it's something we ought to discuss and get some opinions of the constituents out there and some of the associations.

MR. SAN FILIPPO: I would like to see the issue resolved as to whether they're going to maintain public health status.

MR. GOGATS: I agree with you that in an ideal world we should wait, but you know we've been waiting for a couple of years now and we need to move forward. There are a lot of things in New Jersey that have to get done. We need to be an asset to the State Health Department. We need to put our heads together and move in the right direction. Whether or not the governor keeps this board or not, I think we still need to move forward and why wait. Why should we drag our heels and wait for a decision to be made. We've been waiting for years.

MR. SAN FILIPPO: We have a couple of issues on the next agenda that (inaudible); is that acceptable?

MR. GOGATS: I'm not sure what you said.

MR. SAN FILIPPO: Make this number one or number two priority for the next agenda (inaudible).

MR. GOGATS: Talk a little further away and please say it again, I'm sorry.

MR. SAN FILIPPO: I said that we already have on the Council some matters for the next agenda. At that meeting, after we dispose of that agenda, would you please bring up these items that you just suggested now for that agenda so we have some time to get the information that you want to request?

MR. GOGATS: Sure.

MR. SAN FILIPPO: Are there any other items that we should -- I think we should put it all on that meeting and hopefully Joe will be at that meeting and we'll see where we go from there. If there's no other discussion, I'm going to make a motion --

MR. GOGATS: Motion to close.

MR. GROSS: Second.

MS. PASQUALINE: Motion to close. Roll call. Mr. Censullo?

MR. CENSULLO: Yes.

MS. PASQUALINE: Mr. Gogats?

MR. GOGATS: Yes.

MS. PASQUALINE: Mr. Gross?

MR. GROSS: Yes.

MS. PASQUALINE: Mr. San Filippo?

MR. SAN FILIPPO: Yes. I want to apologize to the Council members for my physical appearance not being at the last couple meetings but I've been having personal problems with my mom, she has dementia, and my dad going in and out of there so I really can't roam too far. As soon as the situation changes, I will be there, so I just wanted to get that out of the way and thank those that are physically present today.

MR. GOGATS: There are a couple of people in the audience that we didn't hear from. I was wondering if anybody has any comments or questions?
(Whereupon, there was no response.)

MS. PASQUALINE: No? Okay, the meeting is closed.

(Whereupon the meeting was concluded at approximately 11:35 a.m.)

DRAFT