MEMBERS PRESENT:

Herbert Yardley
Dennis San Filippo
Mickey Gross
Robert Gogats
Minnie Campbell (via telephone)

EXCUSED:

Dr. Harte
Riki Jacobs

STAFF:
Ruth Charbonneau
Susan Dougherty, DAG

CALL TO ORDER

Mr. Yardley, Chairman, opened the meeting on Monday, January 14, 2008 at 10:30 a.m. located at the New Jersey Department of Health and Senior Services, Auditorium, 1st Floor, Health and Agriculture Building, Trenton, New Jersey.
MOTION SUMMARY

1. Approval on Proposed Readoption “Public Health Practice Standards of Performance for Local Boards of Health in New Jersey” N.J.A.C. 8:52
   Motion – Mr. Gross, Second – D. Lewis

2. Approval on Proposed Revisions to PHC Bylaws
   Motion – Mr. Havens, Second – Mr. Roth

3. Proposed Recommendations Concerning Required Rabies Inoculations for Cats
   Motion – Gross, Second – Mr. San Filippo

January 14, 2008
PUBLIC HEALTH COUNCIL VOTING RECORD

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KEY:   Y=YES  N=NO  A=ABSTAIN   ( - )=ABSENT

DETAILLED MINUTES TAKEN FROM TRANSCRIPT OF
January 14, 2008 ATTACHED
STATE OF NEW JERSEY

DEPARTMENT OF HEALTH AND SENIOR SERVICES

IN THE MATTER OF:

PUBLIC HEALTH PRACTICE STANDARDS :
OF PERFORMANCE;
PROPOSED REVISIONS TO BYLAWS;
PROPOSAL CONCERNING REQUIRED RABIES :
INOCULATIONS FOR CATS :

---------------------------------------:

Date: January 14, 2008
Location: Dept of Health & Senior Services
Market and Warren Streets
Auditorium - First Floor
Trenton, New Jersey 08625
Commencing At: 10:30 a.m.

BEFORE: PUBLIC HEALTH COUNCIL

GUY J. RENZI & ASSOCIATES
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PUBLIC HEALTH COUNCIL MEMBERS

HERBERT YARDLEY, M.A. - Chairman
DENNIS SAN FILIPPO - Vice Chairman
MICKEY GROSS, MPA.
SHAROL A. LEWIS, M.D.
ROBERT J. GOGATS, MPH.
MINNIE CAMPBELL (via telephone)
SUSAN DOUGHERTY, D.A.G.
CHAIRMAN YARDLEY: I am going to call the meeting to order. Can I have a roll call please.

MS. CHARBONNEAU: This is a formal meeting of the Public Health Council. Adequate Notice of the meeting has been published in accordance with the provisions of Chapter 231 Public Law, 1975 Chapter 10:4.10 of the State of New Jersey, the Open Public Meetings Act.

Notice was sent to the Secretary of State who posted the notice in a public place. Notices were forwarded to 17 New Jersey newspapers, two New York newspapers, two wire services, two Philadelphia newspapers and the New Jersey Public Broad Casting Television Station. I will call the members.

DR. HARTE: (No response.)

DR. LEWIS: (No response.)

MS. JACOBS: (No response.)

DR. CAMPBELL: Yes.

DR. GROSS: Here.

MR. SAN FILIPPO: Present.

MR. GOGATS: Here.

CHAIRMAN YARDLEY: Here.

MS. CHARBONNEAU: We have five members available which is not a quorum, however we will initiate the business of the
meeting and we have one more member joining us, Dr. Lewis, and we will announce that when she arrives.

CHAIRMAN YARDLEY: Okay.

MR. GROSS: Will that give us a quorum?

MS. CHARBONNEAU: Yes.

Commissioner Howard is scheduled to be on the agenda, she was coming at 11:00, but she will arrive at 10:45 so we will be somewhat disjointed in terms of the presentation today and in terms of the agenda.

So with that said what we had originally intended to do was to start with the proposal to the bylaws but we should wait until we have full membership here so that we can proceed with the discussion and vote.

So I am thinking we should probably just address the issue of the topics for the coming year if you want to discuss that.

CHAIRMAN YARDLEY: Okay. I think we need to either address a resolution first or send a letter to the Governor that he has to make more appointments. It is really difficult for this Board to meet and take action and for people that can and cannot make it for various reasons.

I am going to ask that a letter be sent and it has to come from me, if we don't
have a quorum, to the Governor's Office to
please make some appointments. I think it is
disrespectful for this Board to go on this
long.

MS. CHARBONNEAU: I will draft a
letter for your signature but I will also
comment that every Board, Council, and
Commission has, is having the same issues in
terms of appointments and movement on
appointments. So I will certainly send that,
requesting that nominations be made and that
appointments be made.

CHAIRMAN YARDLEY: In the draft
that you develop maybe we can point out some
of the significant issues that face public
health in New Jersey and the importance of
making these appointments.

Here we have practice standards.

This is one, next one is communicable
disease. If we don't have a quorum, I guess
no one has to follow those regulations and I
think it is an issue that needs to be brought
the Commission. I know we continue until --
go ahead.

MS. DOUGHERTY: No, the
Commissioner has the authority to adopt the
regulations even at the public health, even
if the Public Health Council is unable to
give a recommendation because of quorum.
CHAIRMAN YARDLEY: We need not send a letter.

MS. DOUGHERTY: That wasn't my point.

CHAIRMAN YARDLEY: I know that wasn't your point, but that was my sarcastic remark to somehow the council is viewed.

MR. SAN FILIPPO: This is a new year, no sarcasm.

CHAIRMAN YARDLEY: Start the year no sarcasm. I apologize for the remark so we will move on. I notice in the emails going back and forth for issues that the Public Health Council may take this year, Bob had initiated some, Dr. Campbell did also and was watching, reading some of the issues, we need to, what I thought and maybe we can enter into a discussion, now set up a subcommittee and pick some issues that are outstanding that we can actually come on a monthly basis and address. What is the feeling? Bob, you started with some different emails. Do you have any recommendations.

MR. GOGATS: Yeah, one of the things that I think that we should do is we should try to do some preplanning for the year. In order to be able to get somewhere, we kind of need to know where we are going so...
I would like to see us sit down with the new Commissioner even, and start to talk about where public health is going to be going this year and in the future. I think we are at a point where we need to build infrastructure and strengthen the public health system in the State of New Jersey, otherwise we are going to have problems.

Several of the problems are going to be, if we don't act now we wouldn't have that many practitioners left to be able to do the job in the future because a lot of it, like doctors, a lot of us are retiring, and we need to replace them and there's a way to do that if we act now.

If we don't act then we are just going to end up in a crisis and I don't think anybody wants to be there. I forwarded a number of topics, they are on here and I think Dr. Campbell forwarded the other ones.

MS. CHARBONNEAU: Dr. Campbell and Dr. Lewis all submitted topics.

MR. GOGATS: I think the other thing that is not on here is HIV, I think we should have ongoing discussions about that, discussion, HIV AIDS and how it is affecting our population in ways that we can reduce it and I'd like to see a presentation from the State Health Department on some of these
topics and maybe starting with HIV AIDS.

MS. CHARBONNEAU: My apology. You included HIV on the list and that was dropped, that is a clerical error on my part, universal testing on HIV, I think is what you included on your original list, screening.

MR. GOGATS: That is pretty much accepted now, I would like to address the topic of HIV AIDS in the State of New Jersey.

MR. SAN FILIPPO: Mr. Chairman, I think that with the number of topics that counsel has come up with, that you give serious consideration to appointing a committee to maybe prioritize this, so that when we meet the Commissioner. You at least have it narrowed down to what the council feels are the most doable rather than presenting, I think all 15. You can present them all, but I think we should kind of get together or have the Commission get together and look at them and put them in some kind of priority before we go through and ask the commissioner to look at them. That is my suggestion and recommendations.

CHAIRMAN YARDLEY: Okay Mickey.

MR. GROSS: I agree with Dennis, you know, we have a lot on our plate here but I think we have to prioritize what is most
important to us and then we need to focus on that. We just can't be running all over the place. We have to agree as a group what is important to us and move forward with it.

CHAIRMAN YARDLEY: Dr. Campbell.

DR. CAMPBELL: I can only hear bits and pieces of the conversation, but I agree there have been a lot of ideas put forth and it would be in our best interest to set priorities.

CHAIRMAN YARDLEY: Can we set up a subcommittee that can meet? Bob, you talked about meeting for one hour. Recommendations? I don't know if everyone can do that but maybe we can set up a series of either half day meetings or if we can meet here, but we need to, we need some ideas.

So as to how we will meet, come up with some ideas and give it to the rest of the committee, so that we can move forward. I like the ideas of having presentations and then I think we need to specifically pass resolutions from the board to the Commissioner on issues that we think affect public health in the State. I think we let some opportunities of the Council go by without taking some actions, and I think this year we should come up with something. We need to forward resolution to the
MR. GROSS: Mr. Yardley, if I could just add to that, certainly we should be paneled, some members of Health Council, but I think we should include in that the State Department of Health. I am sure Ruth or the Commissioner's Office, they might have some items that they would also like to see us go forward with or discuss. So I don't think we should just, you know, if there are things that you would like to see us work on or make a priority, certainly we respect, also that we should consider those items.

MS. CHARBONNEAU: That's fine.

CHAIRMAN YARDLEY: Okay. What I would like to do is people that would like to be on that Committee please email Ruth and your availability, your time, during the day, morning, afternoon and whether you can meet here at the state or if we have people in different locations, we can come up with a central location and then Ruth, once we get this, we get our topics that we would like to have; will we have an opportunity to
informally or formally meet with the
Commissioner to discuss those issues.

MS. CHARBONNEAU: We can arrange,
most likely be a formal meeting if it is all
members of Council. So we can arrange that.

Today will be an introductory meeting but as
you develop your issues, certainly that is
an opportunity for Council.

CHAIRMAN YARDLEY: Some of the
issues are going to require some of the laws,
regulations, so you have those. If you could
give us background prior to this committee
being formed, not being formed but once the
committee is formed so that we don't come
back and say well, we had like more
information on this, do you have any ideas.

MR. GOGATS: I suggest appointing a
committee to do that, you have the ability to
do that.

CHAIRMAN YARDLEY: Do I have
volunteers right now?

DR. CAMPBELL: Sure.

CHAIRMAN YARDLEY: Okay I am going
to put myself on it, Dr. Campbell and Bob
Gogats and can I put Mickey on there that is
too many.

MS. DOUGHERTY: You can put as
many as you want.
CHAIRMAN YARDLEY: And Dennis San Filippo will be a back-up if you need.

MS. CHARBONNEAU: Also for the members that, I will send a letter to the members who were not in attendance.

CHAIRMAN YARDLEY: Do you know what your availabilities are and the time and then we will set up some meetings?

MS. CHARBONNEAU: You may want to do an initial conference call for some logistics and background and we can do that quickly and then schedule something.

CHAIRMAN YARDLEY: Any other discussions?

MR. SAN FILIPPO: I heard mentioned I don't know if the new board members I know I didn't receive it as a new council member, a packet of all the regulations that you said you received when you were first appointed and Ruth, I was wondering if that packet was still available for our members, because like I said I don't know that anyone received them, that is on the council since I have been put on and I think it is a good idea to have that at our side, especially when we are going through some of these charges.

MS. CHARBONNEAU: Sure I can forward that to you.

CHAIRMAN YARDLEY: I'd like
presentation for clarification of the Public Health Nuisance Code. There was a case in Wayne where it was not adopted, excuse me the case was thrown out. You know, sections of it have been taken out and I don't think, I have not read a definitive as to what is legal, what is not legal, what the problems are. So I think that for clarification I think the Public Health Council should have clarification on that. Do we have to take some action? Do we have to recommend to the commissioner, the legislature and the rest of the health departments of the State? I think need clarification on this.

MS. CHARBONNEAU: Sure I can do that for you.

CHAIRMAN YARDLEY: Okay any other issues?
(No response.)

CHAIRMAN YARDLEY: Can we move with --

MS. CHARBONNEAU: I'm sorry, we have the commissioner for a short time. If we could have Commissioner Howard present and then move on.

CHAIRMAN YARDLEY: Yes.

MS. CHARBONNEAU: Sharol will be late and Dr. Campbell is on the telephone.

COMMISSIONER HOWARD: Hello. This is my first meeting to come to, really my first formal meeting since I was sworn in a week ago. So this is very exciting, and thank you for your services.

I want to thank all of you, just recently in December you took on an important issue in immunization regulations and we appreciated what you did. It is an important issue and it has gotten a lot of attention, good and bad but something that we will look back on and be proud of as we are the first state and watch other states follow us and taken the lead and I want to thank for your work on it.

I am looking forward to working with you. I know you are in good hands with Ruth, but I hope you know that I am upstairs
and come see me if you have issues.

I want to take a couple minutes to talk to you about what my priorities are going to be and how we can work together.

I was excited to be nominated by Governor Corzine and a tremendous responsibility and exciting challenge; as I think about what the main challenges are I see a couple categories. One, the hospital distress which obviously has been in the news over the last couple years, proposed closures of hospitals. So assuring up our health care delivery system is really a priority.

Addressing the problems with the uninsured of course, is probably the number one priority that the Department of Health can have. We have 1.3 million uninsured. My hope is that this will be a big issue in the Presidential Campaigns and the Federal Government will take some action on this.

The State Budget of course, limits us to what we can do to address it in short term, but I think we can take steps.

Some of you may have seen in December the Governor announced a family care buy-in program which means that any family can buy into the family care program by affordable health care for their children regardless of their income. If they make
too much money to qualify for family care
they can buy-in by leveraging the State
rates. The rates were $137 per kid which is
several hundred dollars cheaper than the
private market rates. I think we are
providing universal access for children, it
was a universal step in a creative way,
without using state funds that and was a big
step to take, but other ways to expand access
to care. Health disparities, of course, are
a really issue in the state, especially given
how diverse a state we are, and we have
disparities in both, in access and outcomes
and I want to focus on those.

I think another thing that has
interested you is the early intervention
program and with the growth of rates of kids
being screened and qualify for early
intervention and I want to strengthen the
program, but we have budget constraints and
how do we balance those needs.

Then probably the final major
challenge is supporting our seniors. We have
made great improvements in developing
community and home based options for care and
alternatives to nursing homes, but we have so
much more to do, especially as you are
looking at the baby boomers. And on a
personal note the maternal and child health
care, access to prenatal care, we are 40th in
the nation in access to prenatal care which
should be a shocking number to all of us.

So I want to focus on that, but
mainly I want to look forward to working with
you and learning from you, and Ruth has told
me about the good stuff that you are doing
and I look forward to it.

CHAIRMAN YARDLEY: Thank you. We
are glad to have you here.

COMMISSIONER HOWARD: If I have
discombobulated the program I apologize.

MR. SAN FILIPPO: We hope you
discombobulated a lot.

MR. GROSS: We are honored that you
are here.

MR. GOGATS: I want to thank you for
coming and talking with us today and it is
nice to meet you and I wish you well in your
journey in Public Health.

The issues that you bring up, of
course are very important and they are the
issues that are on everybody's mind.

What we try to do is provide
prevention and a lot of the things that we do
every day in the communities is preventing
illness and kind of chasing diseases around.

So you know, I am hoping that we can forge a
very close relationship with you and move in
the direction of trying to prevent a lot of
things that people don't need to go to the
hospital for, by having good healthy habits
and we have done a lot of work over the last
couple of years in taking a look at what the
communities, what our residents are doing in
the communities and how that will affect the
health over the next coming years, and the
task really now is for us to come up with a
Community Health Improvement Plan for each
one of those communities. Try to make people
healthier.

COMMISSIONER HOWARD: That is a
good point, and I look forward to your advice
in council, particularly disease management
is one of the areas that you are alluding to,
and I would love to hear what ideas you have
to promote. When you look how we are
spending 80 percent of our health care
dollars on 20 percent of the population that
have the most chronic diseases, how we can
prevent all of those expenses. We would love
to work with you on that.

CHAIRMAN YARDLEY: Do you have
anything?

MR. SAN FILIPPO: I think it
probably wouldn't be a bad idea for the
Commissioner to be afforded some knowledge of the backgrounds for each of the members on the council because Bob was talking as a health officer for the municipality, but this might not be a bad idea for you to have our background, so you know the qualifications.

COMMISSIONER HOWARD: Can you give Ruth the bio's?

MS. CHARBONNEAU: I have their bio's.

CHAIRMAN YARDLEY: Commissioner, thank you for coming. We appreciate and look forward to working with you. Being on the board seven years there's a lot of changes over the years.

COMMISSIONER HOWARD: This is something I am hearing, actually government-wide concern about too many openings, so I want to, Ruth has come to see me and I want to push forward I know it is hard for you to operate without. It is asking a lot of you to serve and we need to give you the full complement. She will have to remind me where we are on this one, but send me the letter it is okay, and recommendation on that too.

CHAIRMAN YARDLEY: Thank you I appreciate that. Okay we are going to move on.
MS. CHARBONNEAU: Thank you for taking time out of your schedule.

CHAIRMAN YARDLEY: We still don't have a quorum.

MS. CHARBONNEAU: We are calling. We may want to jump around on the agenda.

CHAIRMAN YARDLEY: Maybe we will take some action on some of proposal for some ideas that different members have.

MR. GROSS: You might have some staff members have some time restraints here that you might want to check with them.

MS. DOUGHERTY: Until we have a quorum, we can't present the issues that need to be voted on.

CHAIRMAN YARDLEY: Then what we should do is take a five minute break.

MS. DOUGHERTY: Everything else needs a quorum, even the presentation in terms of discussion.

MR. GOGATS: Can't we talk about the bylaws?

MS. DOUGHERTY: My understanding is that Dr. Lewis wanted to discuss the Bylaws so to start the discussion without her probably is not productive. She was one of the ones voting on it.

CHAIRMAN YARDLEY: We will take a
five minute recess.

(Recess.)

MS. DOUGHERTY: The bylaws are the rules governing the business of the Council and they are limited to what the statute provides. What you are suggesting is something that needs to be addressed at the legislative level.

DR. CAMPBELL: We talked about that and I am fully aware of what needs to be done. My understanding is that the Council was supposed to draft such a recommendation or whatever it is to the legislature and that I have not seen where that has come about and because it is a possibility of the legislature, I understand that doesn't mean that I have to be satisfied with the membership as it is currently constructed.

MS. DOUGHERTY: Absolutely. I am just saying with respect to amending the bylaws, we can't amend the bylaws to address that membership issue unless the statute is changed.

DR. CAMPBELL: Right.

MR. GOGATS: I think we are asking for a recommendation in the bylaws. Couldn't we say in the bylaws that we recommend that one the members be a registered nurse?
MR. SAN FILIPPO: Bylaw doesn't mention any particular person.

MS. DOUGHERTY: The bylaws govern what you do, they are your rules, they are not -- the proper vehicle for making a recommendation would be a resolution or a letter. It would not be to put them in the bylaws, it would not be appropriate to put them in the bylaws.

MR. GOGATS: At a minimum what we can do, since we have three vacant positions in our recommendation to the Commissioner we can ask that one person chosen be a registered nurse and I make a motion to go do that.

CHAIRMAN YARDLEY: That one of the -- first I want to deal with the bylaws, let's, Dr. Campbell, do you have anymore comments.

DR. CAMPBELL: My point is that if you look at the licensed people, the recommendation, the statement of a licensed individual in the membership, the only licensed professionals not here that I can see is a registered nurse.

MS. DOUGHERTY: But that language is taken directly out of the statute.

DR. CAMPBELL: I understand that.
I do understand that this is statutory. I am pointing out in the hope that the council will recognize that perhaps we need to make some suggestion as to changing the statute.

MR. GROSS: Okay.

MS. DOUGHERTY: And for the members who don't know what Dr. Campbell is talking about, it is page 4 of the bylaws, section one, composition, but again it would not be appropriate to change the bylaws to address that, but if I understand Dr. Campbell, she is asking that the council consider this an important issue and take whatever steps are necessary outside of amending the bylaws to address it.

CHAIRMAN YARDLEY: I think we need a definition of a public health professional. The issue of public health nurse it should say health officer, we were told by the Ethics Committee that we can't talk about licensing because it was never, it was not an intent at the present time of a health officer sitting on the board; is that correct?

MS. DOUGHERTY: No.

CHAIRMAN YARDLEY: That is not correct.

MS. DOUGHERTY: No. What the Commission told you was that when it comes to licensing regulations that govern public
health officers, public health officers should recuse themselves because it would be an appearance of a conflict of interest to participate in the discussion and to vote on the regulations that govern their own business. And the way it was explained to me, I can be in error, is that health officers that sit on this board, licensed health officers, would be able to vote and discuss those issues if it were stated that they can be appointed to the board.

MS. DOUGHERTY: Well the statute does say that the board shall have at least one public health member, I believe.

CHAIRMAN YARDLEY: It says public health professional which doesn't say health officer and --

MS. DOUGHERTY: It would be the same thing. What the Commission said was that it only says one public health professional. If it required a number of public health professionals to the extent of eliminating the ability to get a quorum otherwise then you could argue that the legislature could not have intended public health officials to recuse from discussions relating to any particular regulation governing their activity because then you'd
never be able to act.

Because the statute only talks about one public health professional, the Commission was of the view that the Legislature did not intend to carve them out of recusal rules and conflict of interest rules. So the Commission's position is since the statute only talks about one public health official, that does not keep you from having to recuse yourself.

The active public health professionals on the council would have to recuse themselves, according to the commission, if the decision is each member's decision, but --

DR. CAMPBELL: Excuse me is that Susan who is talking? Happy New Year. The question that I have is it seems for me anyway there is enough of an issue that this is part of the statute that asks the question how old is this, and when was the last time it was revisited and it may be time for it to be revisited again.

MS. DOUGHERTY: Well the statute was amended within the last couple years, I believe to increase the number of council members to serve on council.

DR. CAMPBELL: Isn't that the issue of membership?
Well, what it did was it added one more member who was to have experience in health related aspects of terrorism agents and that's when Mr. Gogats joined.

And the other was the member at large, they created two additional seats.

There was two, definitely two.

All I know is that currently it requires two licensed physicians; one dentist, one member is a person knowledgeable by education or professional experience in health related aspects or terrorism agents and one member shall be a public health professionals. Doesn't speak to the rest of membership.

The other members can then be members at large which could be public health professionals.

Yes in fact several of them are. Which I think if we are going to address the nurse thing we need to address that issue.

You can certainly include that in your resolution or your
letter to the legislature, absolutely. But again with respect to amending the bylaws, that issue is not appropriate for inclusion in the bylaws, that is a statute, a legislative issue that the council needs to address.

CHAIRMAN YARDLEY: Okay. So we can address that at one of meetings that we have.

MR. SAN FILIPPO: I would address that Mr. Chairman on the list for discussion that we are going to try to narrow down those items and prioritize them. And then have that on that particular agenda for discussion items with the Commissioner for recommendation.

DR. CAMPBELL: Okay.

MS. DOUGHERTY: It is already on the topic list, the public health nurse issue.

CHAIRMAN YARDLEY: I think that it has to be. I won't discuss the issue, I think that needs to be looked at. Are there any other issues?

MS. CHARBONNEAU: We still need a motion on the quorum issue on the bylaws.

MS. DOUGHERTY: To amend the bylaws we need a motion.

CHAIRMAN YARDLEY: Okay we ended
the discussion. Can I have a motion?

MR. GROSS: Motion.

MR. SAN FILIPPO: Second.

CHAIRMAN YARDLEY: Roll call.

DR. CAMPBELL: I have a question.

I understand that we are at the point of taking a vote, is there a specific number of votes required for the approval of the bylaws?

MS. DOUGHERTY: Yes, you need a majority of, right now we need a majority of six -- I'm sorry, yeah, we need a majority of the members who are present and here we have six which is a quorum. Under the old bylaws language, so as long as we have a majority of those six we are okay.

DR. CAMPBELL: Okay thank you.

MS. DOUGHERTY: Yes.

CHAIRMAN YARDLEY: Okay. Roll call.

DR. LEWIS: Yes.

DR. CAMPBELL: No.

MR. GROSS: Yes.

MR. SAN FILIPPO: Yes.

MR. GOGATS: Yes.

CHAIRMAN YARDLEY: Yes.

MS. CHARBONNEAU: Five votes yes, the motion carries.
CHAIRMAN YARDLEY: We will go back to our agenda and public health practice standards of performance.

MS. DOUGHERTY: Again, as we had spoken, the Commission's recommendation was that current active public health professionals recuse themselves from discussion and voting on regulations dealing with standards for performance.

MR. GOGATS: Why would that be?

MS. DOUGHERTY: Because and let me --

MR. GOGATS: If we are not talking about ourselves or jobs, or our place of employment, just talking in general about public health in the State of New Jersey which is what we are up here for.

MS. DOUGHERTY: It is your call.

The Department Code of Ethics provides that special state officers, that is what the members of the Public Health Council are, shall not use or attempt to use his or her official position to secure unwarranted privileges or advantages for himself or herself or others. The Executive Commission On Ethical standards has advised the Public Health Council previously that active public health officers should recuse themselves from voting on regulations governing the
qualifications and requirements of public health officers.

As I said it is your call.

MR. GOGATS: This has nothing to do with requirements of the public health officer, practice standards.

MS. DOUGHERTY: Right. Anything dealing with the practice standards for the public health offices.

MR. GOGATS: I would have to recuse myself from everything.

CHAIRMAN YARDLEY: Again that is the issue with sitting here for seven years, I voted on this when this came out, I had meetings on this. I met with people on this and we voted on this. Now here I am seven years later or five, whatever it is, being said no you are not supposed to do that. You have nurses that sat on this board and voted to have a nursing component put into the practice standards and then we also, I am not sure, I mean, we had dentists with fluoridation, so there is a real problem with this entire board. There is a real problem because I don't think that there is anything that anybody does here that cannot be construed with a conflict.

MS. DOUGHERTY: And you all spoke
to the commission representative and the
commission's recommendation stands but you
each make your own decision as to whether or
not you believe it is a conflict.

MR. GROSS: Susan, with all due
respect the New Jersey Practice Standards is,
you know, a set of laws in regard to public
health. There's no one and I repeat, there's
no one that sits on this board that it does
not, that technically would be in conflict.
If you go through the New Jersey public --
you know, the practice standard, correct?

MR. GROSS: You have some experts
out here.

DR. LEWIS: If you are going to get
a personal benefit by voting whatever you are
benefiting for, then it is a conflict. If
you are not, if it is a conceptual thing or a
general thing that it is not a big deal and
you can vote on it or be involved in it, so.

MR. GROSS: You can tie everybody on
this board into it, some way or another, you
really could.

MS. DOUGHERTY: I am simply
reporting what the commission --

MR. GROSS: I understand your
position and I respect that.

MS. DOUGHERTY: I am not giving
anyone independent advice.
MR. GROSS: I understand what you are saying.

MS. DOUGHERTY: Exactly.

MS. PAWLENKO: My name is Natalie Pawlenko. I am the manager for Performance Improvement Development in the Office of Health Infrastructure, in this Division of Health Infrastructure preparedness and emergency response. I am here to speak to the readoption of Public Health Practice Standards of Performance for Local Boards of Health, which as you know expires next month on the 18th of February.

The readoption of these practice standards is necessary in order to maintain the standards of performance for local boards of health in New Jersey. I wanted to take the liberty of just commenting on the importance of practice standards, as you all know public health in North America has gone through a number of major eras. In the 1800's public health was primarily interested in preventing epidemics, and after that there was a great deal of effort put towards sanitary reform in 1850.

In about 1950 when clinical care was falling down public health filled the gaps for personal clinical service but then
after the 1990's, particularly after some work by the Institute of Medicine, public health took a population based focus that had more to do with community health, partnering with others.

In 1988 as I said, the Institute of Medicine identified the mission of public health as fulfilling society's interest and assuring conditions in which people can be healthy, but in this post 9/11 world, indeed this post Sars world, I would suggest that government public health has become increasingly more important, has taken to an urgent mandate which must be recognized and is recognized in part in the practice standards.

So having said that, the department does recognize that the existing practice standards do need to be revised and updated in January of 2006 many of you were aware that we initiated a process to revise and update the existing practice standards.

In the meantime the department itself initiated an internal study, Public Health Infrastructure, many of you were a part of that discussion and at that same time shortly thereafter, the State Legislature you should look at a study or was beginning to look at the amalgamation of municipal
services. Given that these two activities were under foot, it was felt that it would be prudent to put the revisioning of practice standards on temporary hold, which we did. In order that they not expire, in order that practice standards continue to be in place, we are coming to you today with a notice for readoption as is. I think that's all I will say to that matter unless the council members have a question.

MR. GROSS: Is a temporary adoption that you are looking for.

MS. PAWLENKO: What we are looking for is a readoption as is, and we are anticipating that we are going to resume work revisioning in the near future and then coming back with a revised and updated practice standard sometime in the future.

MR. SAN FILIPPO: If these, this is a question for, if these were readopted, when would they sunset?

MS. CHARBONNEAU: Five years.

MR. SAN FILIPPO: Five years, right.

With that being said I do have some comments and my comment is that the adoption of these regulations carried with it a large responsibility for funding on the public health sector as the State goes along in the
public local health departments and region
and county units go ahead and planning and
trying to follow standards that are put
before them. Both in manpower and in other
financial needs, and I don't know whether
there has been funding, and I see Mr. Matzer
sitting in the audience, maybe he can give us
an update just where the funding is at for
addressing the standards as we go through the
next five year cycle. If in fact we
recognize to readopt.

MS. PAWLENKO: I will defer to
Mr. Matzer in that question.

MR. SAN FILIPPO: You are so smart.

MR. MATZER: Richard Matzer,
Director of Office Public Health
Infrastructure.

Good morning, that is, for your
question. As you know funding comes from a
variety of sources right now. Public health
priority funding is one area that does
support local health program implementation,
2.4 million. Other sources, CDC granting, go
out to agencies for response and also the
variety of health service guides that the Department of Health is good about how many million, approximately $40,000 in categorical grants that go out to local health departments currently.

We recognize the importance of a sustainable funding source. Unfortunately right now we don't have one. The health officers came forward several years ago, I'm sorry, with a recommendation to the Commissioner to put forth sustainable funding source. At that time the health officers, Dr. Jacobs had actually requested a health officer to put forth some ideas to him which he would then carry to the Governor's Office, I am not sure that has come forward since that time, a specific funding source. I am not sure if you were at that meeting or not, Bob. I am not sure if Peter was either.

I believe that the department would certainly be supportive of a sustainable funding source if such a source can be identified.

MR. SAN FILIPPO: Richard, here is my problem. I know that the CDC funds are going down. They are not going to increase and probably going to tip on the decrease, public health priority funding has never been
stable. And yet the responsibility or
liability will still be there and I just
need, I would like to know the status of the
department in their thinking and with your
new commissioner, whether locals that are
going to be enforcing and trying to follow
through with these mandates are going to be
strangled if the funds aren't there to do
what starts or is mandated under these regs.

One very upsetting thing is when I
read what the priorities were going to be for
the expending of those dollars, it still
being made by the people in Trenton and where
it is not done on a priority of the
particular agency, and I think health units
and regional units, for years, that with the
dollars that are available, those health
officials are not really allowed to prioritize
what they feel are needs based on their
particular population base.

There is no, doesn't seem to be any
flexibility, and I think that may be we
should kind of take a look at that and at
least have some plan down the road with this
funding, if it should not continue, where do
we go with that because I am sure local
health officer is going to prioritize the
funds based on the need of his community,
regardless of regulation. I don't think they
should be holding a noose around their head if that should come.

MR. MATZER: In fact the practice standards of 2003 put forth more of a concept of that kind of a decision, at the local level. That's where the community health assessment, community health planning all comes into play. That is the thrust, that is the focus of the standards of 2003 and the standards as we adopt them before February 18.

Now we realize the majority of the funds that support local health departments come from local government, local taxes, upwards probably 70 or 80 percent if I am correct, and true standards do put forth certain activities, more specifically requirements of certain activities that local health departments perform, come out of sanitary code, et cetera. Some health departments may have a need to do everything within those sanitary code or not do everything.

We support the notion, the concept and the responsibility that the standards put forth that local public health services be based on community need assessment, planning and implementation. Granted the department
gives a limited amount of funding to local health departments to achieve the things that they may determine as being important to the community.

MR. SAN FILIPPO: That is the other thing you have $40,000, what percent of those is actually go for the public health structure. It is negligible that is a shame because that's what really has to be restructured if you mandate something that is where the priorities should go.

MR. MATZER: The issue with that is that those grants come from the Federal Government.

MR. SAN FILIPPO: I understand but a lot of them is in diabetes, a lot of them in is in heart and circulatory disease in the elements of the public health structure. The mandates I think should, it would behoove you to look into the restructuring of that in the event at there is insufficient funds and that's all I have to say.

MR. GOGATS: I would like to thank Natalie for her eloquent presentation on the Public Health Practice Standards and I thank you guys for all your hard work.

I agree with the need for the practice standards and I agree with the need for fixing and building up public health
infrastructure in the State of New Jersey. Prior to the adoption of the original standards it was unanimous almost asking for adequate funding to carry them out. Adequate funding has not been provided, funding streams are being reduced and passing this will put the burden of paying local health and local health can ill afford and will not receive additional funding from their sources.

Municipalities across the State are having difficulty meeting their budgets also. Passing this will cause local public health to fail. The people who are charged with carrying it out are going to have real difficulties. And I think the State has failed to provide the funding required to carry out the mandate and it is a mandate. Those are my comments.

MR. GROSS: The one question that I have Natalie, I know we spoke at one point, if I remember correctly might have gotten something in the mail about it, we are talking five years. What is the game plan, no disrespect for you guys to come back to us with the changes. I know I sat in on a couple committees and you did a great job with these committees. By the way I want to
make that clear.

The committee made some recommendations and I know there is a lot more work to be done. What is the realistic game plan of coming back to us; a year, two years.

MS. PAWLENKO: We will probably reinitiate the work of the Advisory Council to which you sat, and by the way, the work of the Advisory Council and all the technical advisory groups, we struck five technical advisory groups to form the over-arching steering committee have all been captured and we have that in a draft document. You need to see the draft changes.

MR. GROSS: What do you figure.

MS. PAWLENKO: Within the next year I would say.

MR. GROSS: Realistically what you are saying is we are going to vote on this in five years, for five years, but you know, you are going to come back to us in the next year or two with the necessary changes, recommended changes, correct.

MR. MATZER: Yes. If we are afforded that opportunity.

MS. PAWLENKO: Correct.

MR. MATZER: The regs do not have to live for a total of five years, we can
come back at any time to with internal
external recommendations.

MR. GROSS: And again you guys did
a great job with the committee. You really
did.

DR. CAMPBELL: I was concerned with
what Mickey was saying. I think they did a
great job and as long as I can understand
that this is the end of the --

DR. LEWIS: I agree with all that
has been said we know that they are coming
back shortly with revisions and that's fine.

MR. SAN FILIPPO: I have one
remaining comment. A thought came to me that
I would like to see, really, something, some
consideration, the percentage in the drop in
funding be somewhat proportional to the
liabilities being placed in the standards and
some thought is given to that please.

CHAIRMAN YARDLEY: Could you to go
page 12.

MS. PAWLENKO: Of the proposal?

CHAIRMAN YARDLEY: Yes. For the
record where it says "job impact" could you
read that paragraph.

MS. PAWLENKO: Is this in the
section called regulatory -- jobs impact.
Okay. In the summary that was submitted as
part of the readoption package there is a section called jobs impact, and the section reads the proposal has been reviewed with consideration of the jobs assessment requirement set forth at N.J.S.A. et cetera. "The rules proposed for readoption are not expected to create or reduce jobs in the State of New Jersey. The Department of Health and Senior Services and Local Health Departments would continue to use existing staff to administer public health programs."

CHAIRMAN YARDLEY: Thank you.

MS. PAWLENKO: You're welcome.

CHAIRMAN YARDLEY: I would like to have a motion.

MR. GROSS: Motion.

DR. CAMPBELL: Doctor, I just was following along with the jobs impact and my understanding is that there are going to be no new jobs created and none will be loss.

CHAIRMAN YARDLEY: I believe that that's what it is saying but that does not necessarily mean that jobs won't be created and it doesn't mean that jobs, that they will be created.

DR. CAMPBELL: And it also does not necessarily mean that even if there are no changes in the numbers of jobs that the
people doing the jobs will be able to get the work done.

CHAIRMAN YARDLEY: Correct.

DR. CAMPBELL: Okay I understand.

MR. GOGATS: I don't know who expects the people who are working in public health every day, to try to do their jobs, be able to do that, and this at the same time without extra staff.

DR. CAMPBELL: I can't hear.

MR. GOGATS: My comment I think is in line what you are saying. There's people working out there every day in public health right now trying to get the job done and this puts on them additional duties, and I don't know where those duties, how those duties will be carried out without additional staff.

DR. CAMPBELL: That is my concern.

CHAIRMAN YARDLEY: Page 11.

MR. GOGATS: Can anybody answer that?

CHAIRMAN YARDLEY: One more thing, page 11. Economic impact could you read the very first sentence.

MS. PAWLENKO: "The readoption of these rules would have no direct and immediate economic impact on the public."

CHAIRMAN YARDLEY: Okay.
MS. CHARBONNEAU: If I could just
add that the statements relate to the rules,
so the rules are readopted, they are in the
existing status. There is an economic impact
based on the budget issues that all of us are
addressing in public health, but the economic
impact is, relates specifically to the
adoption of the rule. It does not relate to
whatever is occurring in terms of the states
budget or the budget.
This talks about requirements of
the rule. There isn't a budget attached to
the rules itself.
MR. GOGATS: Should be.
MS. CHARBONNEAU: That is the
intent of the annual budget process.
CHAIRMAN YARDLEY: These rules
that are existing right now, they are being
adopted. They pose no special incentive for
any one group other than what is existing
now. What someone may do to you down the
road, what departments may do as they move on
is what they may do. The way they read now,
there is no special incentive for any one
particular group, the way I understand it; is
that correct.
MS. PAWLENKO: Yes.
CHAIRMAN YARDLEY: Thank you. I
would like to have a motion to adopt.
MR. GROSS: Motion.

CHAIRMAN YARDLEY: Do you have something Dennis?

MR. SAN FILIPPO: I thought he made the motion before.

CHAIRMAN YARDLEY: I'm sorry. Did you make the motion?

MR. GOGATS: No.

CHAIRMAN YARDLEY: Mickey just did.

MR. GOGATS: I make a motion that we don't adopt.

CHAIRMAN YARDLEY: We do not adopt.

MS. CHARBONNEAU: We have a motion on the table to adopt.

DR. CAMPBELL: Clarify the motion.

CHAIRMAN YARDLEY: We have a motion to adopt. Do we have a second.

DR. LEWIS: I will second it.

CHAIRMAN YARDLEY: I would like a roll call vote please.

DR. LEWIS: Yes.

DR. CAMPBELL: Yes.

MR. GROSS: Yes.

MR. SAN FILIPPO: Clarification.

This motion passes they do not get readopt --

MS. CHARBONNEAU: No. It is a
motion to adopt.

MR. SAN FILIPPO: Yes. To adopt.

MR. GOGATS: No.

CHAIRMAN YARDLEY: Yes.

MS. CHARBONNEAU: Five votes in the affirmative, the motion carries.

MS. PAWLENKO: Thank you.

CHAIRMAN YARDLEY: Thank you.

CHAIRMAN YARDLEY: Next item would be proposal concerning rabies, inoculation for cats.

DR. CAMPBELL: Good morning my name is Colin Campbell, Senior Public Health Veterinarian, Communicable Disease Service. I don't know if Ruth wants to make an introduction. I took the liberty of bringing two simple hand-outs. One is a hand-out that was passed out to the group in case people weren't here and I don't have that resource and the second one is a printout from the laboratory on their laboratory testing data for 2007. I don't quite have the verified version that we send out to health officers created yet, but that's got basically the same information and I just wanted to make a couple points, a couple updates and make myself available for questions.

For 2007 we had a total of 284
positive animal specimens for rabies. Of that 54 were bats, that's 230 terrestrial animal cases which is in line with what we have seen in the past eight years or so, only about 10 or 11 specimens more than 2006.

In 2007 we had one dog confirmed with rabies and 18 cats. There again, that is pretty common we see a dog confirmed with rabies about once every three years and we usually see between a dozen and two dozen cats confirmed with rabies annually.

Other domestic animals confirmed; two horses confirmed with rabies. Usually we only see a very sporadic livestock cases. Two horses interestingly enough were both on the same premises, probably exposed by the same wildlife. One cow and one goat. And wildlife species with that were of note, one coyote, one beaver and one deer, all confirmed with rabies.

So looking at cases of rabies and dogs for the past 17 years since we have only had five rabid dogs, I don't have the number of cats for that same period of time, but approximately three hundred. With that I will be glad to take questions.

CHAIRMAN YARDLEY: What is your recommendation? I think the question is
what do we do about cats that do not have
rabies shots.

DR. CAMPBELL: There's a couple of
things. I think most of health officers are
pretty familiar with it. Cats are by far
the most commonly affected domestic animal
and there's a lot of reasons for that. Just
to list off probably the strongest factors;
the level of responsibility of cat ownership
is very different than dog ownership. Cats
tend to free roam. Vaccination is lower than
dogs, somewhat nocturnal, active at night
when raccoons are active, and also cross the
same habitat outside.

Also a significant free roaming cat
is a word that we use most common population,
out, very free roaming feral dogs. Those
animals are at much higher risk contracting
rabies. They are interacting with raccoons,
fox, wildlife.

So we see more rabies in cats than
in dogs, to answer your question Mr. Yardley.
We are promoting vaccination of cats. We are
promoting responsible pet ownership, concept
to keeping animals indoors, a lot of people
feel that cats shouldn't or can't be kept
indoors. In fact many cat owners know that
cats adapt very well to living exclusively
living indoors and don't have a need to go
outside.

We are working with groups, particularly a group in Burlington County to try to move along the concept of feral colonies responsible for colony management and other strategies to address the feral cat situation. Very, very difficult situation. I know all you guys have talked about this. All the health officers periodically, about this in municipalities.

Also about 60 percent or so of the municipalities have a cat licensing ordinance and we assist municipalities in that effort, technically, and we have written up things to go to town council meetings and that sort of thing.

So the majority of towns in New Jersey do have cat licensing ordinances.

MR. GOGATS: No questions Dr. Campbell, you did a great job, thank you.

MR. SAN FILIPPO: I just have one comment, Dr. Campbell. As you probably know by now, this council is looking to maybe come through with or pass a resolution, a recommendation that the State of New Jersey and the Governor consider licensing and providing rabies shots for cats. We would like to be able to say or put in that
resolution that this is supported by the State Veterinary Program. And I think that is one of the reasons why you are here. I think we were originally under the hope that the initiative would have came right from the animal welfare division, coming to council with something for us to formally adopt and move but we can certainly prepare a resolution with the authorization that we can utilize your department in supporting such a resolution that we would have the department's support.

I think it would add a lot of weight to what the council would recommend, and without putting you or the department on the hot seat, if that is the way that we have to do it, then so be it. But would that be within the realm of expectation that we can expect that it would be supported by the department?

CHAIRMAN YARDLEY: Well, I am going to stop you for one minute. Take you off the hot seat. I don't know whether the council has decided whether we want to do licensing of all cats or whether we want to see that all cats have, are inoculated for rabies. I think that is an issue that we need to have an informal discussion with.

We just had a case where someone found a cat,
had it 90 days and came down with rabies. They never took it to the vet for a checkup or anything and I know that from my point of view I am very concerned that there is an initiative throughout the State to either educate or get people to have their cats inoculated for rabies.

My cat, I have a cat and a dog. My cat is an inside cat. It caught a bat so people say if they don't go outside they don't need a rabies shot. Does not seem to be from my point of view on this issue, is not an educational component and that may require an educational component. Can you address, do we have an education with cats, anything that is available?

DR. CAMPBELL: A specific campaign, I don't think so. I know it was addressed progressively in the 90's and in all honesty, I don't think there is anything that comes to mind a sort of printed, beyond all of our information, stresses cats, but there's not a strong initiative statewide, and I think that is an excellent idea and brought up exactly the points that we bring up. Indoor cats need to be exposed and you can keep cats indoors, that is part of the point that we would like to make.
So I think that is an appropriate comment. As far as speaking to the department, that is something I can't do. Perhaps Ruth would like to address that. From my standpoint we make recommendations and some are followed and some are not and sometimes we are told to pursue something different. So on the program level that is the position that we are in.

CHAIRMAN YARDLEY: Okay any questions?

MR. GOGATS: I have some comments, at the February 2007 meeting this council sent a letter to the Commission requesting the mandate of rabies inoculation. It was presented to us, a rabies inoculation should be required and Dr. Campbell here also said that the inoculation should be required.

In the CDC fatality report dated April 2007 number one Rabies Prevention Control Section A; principle of rabies control vaccination of cats should be required.

I make a motion that we ask the Commissioner to require inoculation of all cats in New Jersey with rabies vaccine and we send out a model ordinance to all municipalities who don't have cat licensing and ask them to license their cats.
CHAIRMAN YARDLEY: Any other discussion?

MR. SAN FILIPPO: Just clarification on the comment. That is like twofold. Does one include the other? Are we talking about licensing and inoculation because --

MR. GOGATS: I would like to see the requirement the Commissioner to require that can be done easily and quickly, in my opinion, I maybe wrong. That there be a requirement, and there's not going to be any way to enforce it until licensing be in effect, so we should recommend to the townships at the same time and send them a model ordinance, and in that model ordinance if I am going a little further we should recommend that cats be spayed neutered and they charge extra money for a cat that is not spayed neutered, and the license fee is significantly less. I don't know if I should make it in two motions or one.

CHAIRMAN YARDLEY: Having gone through cat licensing it is a monumental job and I think and actually having the opportunity to live in a community that didn't do a survey and finally did a survey that doesn't do the follow-ups to see who is licensed with the rabies shots for whatever
reason, I am really concerned about this issue.

I am also, I would like to know the animal control, of course, the ACL do they review? Do you have input into that program.

DR. CAMPBELL: Yes.

CHAIRMAN YARDLEY: Do they go over the laws, what is required in regards to licensing and rabies shots?

DR. CAMPBELL: Yes, I personally do that in all the courses.

CHAIRMAN YARDLEY: Are there fines and penalties assessed for not doing that? A community that does not go out and actively canvas and license.

DR. CAMPBELL: The community, none that I am aware of.

CHAIRMAN YARDLEY: So there's not an incentive other than a public health incentive, there is no.

DR. CAMPBELL: Financial incentive, the towns that do an annual report find it financially rewarding. They generate more annual canvassing but I don't know that -- I don't know of a way in the current statutory set up that the State Health Department could penalize the municipality for not performing an annual canvas, but there again that is not my area.
CHAIRMAN YARDLEY: If a community does not do a canvas or does not do follow-up, what are the alternatives.

DR. CAMPBELL: I would be more comfortable for Ruth to address that.

CHAIRMAN YARDLEY: I would like to know for the next meeting specifically on this issue? What other remedies for communities not doing follow-up.

DR. CAMPBELL: What we do is education but if you are looking for penalties, fines, holding grant money that is out of my realm of expertise.

CHAIRMAN YARDLEY: I have gone on a different tangent but I am concerned that in some communities we have part time ACL's that are contracting different things or patch work together and I am getting more concerned about that as there are more cat colonies and things not happening with rabies control. And as you look to the remedies, the remedies, there's not a real remedy, there is financial incentive if you do X you bring X number of dollars in. I don't see statistical data or financial data that is actually correct.

MS. CHARBONNEAU: If I may. Animal control officers are employees of the county
or municipality. So in many of these instances the enforcement or the supervisory control is at the employer level, not the state. So that our training course certainly provides educational components in terms of best practice or recommendations, but it is not an enforcement mechanism in terms of training for the ACLs, and there is a certification process that is not the State that is employing them or directing them from the State.

MR. SAN FILIPPO: I think the way it is written it is incumbent upon the clerk of the municipality to enact a canvas and I don't think you have a local dog ordinance complaint against the municipality if the canvas is not done for one reason or the other.

My other comment is I don't think passing or making a recommendation to immunize cats without a licensing component, I don't see how it is going to fly. One is directly accountable to the other. You are not going to know what cats you are immunizing, locations, who is bringing in cats, what color. How do you track that without a license? Just for the tracking purposes of seeing what homeowners follow through on having those cats immunized. I
think you are really, you really have to
package it. I can't see doing one without
the other.

The financial incentive for doing
that is well worth it. We did that when I
was a health officer in Union before I
retired that was one of the first things we
did and it sailed through. There's never
been a problem. Some municipalities there
are problems with licensing and immunizing
cats, so therefore statewide regulation would
be beneficial in controlling rabies
especially since it is for domestic animals
the largest carrier of rabies right now. I
would think that would be more important than
dogs. Just on the basis of the statistics.

Again, I couldn't see doing one
without the other, you almost have to pull
them together but you proposed the motion,
Mr. Gogats.

CHAIRMAN YARDLEY: Before we vote,
I would like to --

MR. SAN FILIPPO: There is a
motion.

CHAIRMAN YARDLEY: He made the
motion and I didn't accept the motion.
MR. GROSS: What is the motion.

MS. DOUGHERTY: Wasn't seconded
yet.

CHAIRMAN YARDLEY: Hold on. We have a representative from the New Jersey Health Association here, would you come up and comment on this issue.

MR. TABBOT: Peter Tabbot, President of the New Jersey Health Officers Association, I want to commend the Council for revisiting this issue for some time and also Dr. Campbell for his data and just to mention that December 14 at the last Executive Committee Meeting the leadership of the New Jersey Health Officers Association, which does represent the interests of 114 local health departments, did in fact unanimously support the licensure and vaccination of cats.

So we would be happy in any capacity, to work with the Public Health Council toward seeing that and do support it.

CHAIRMAN YARDLEY: Thank you.

Any other comments from the council members?

(No response.)

DR. LEWIS: Could I ask the question, am I misunderstanding or hearing that it sounds like it is a good thing to do but it might not truly be enforceable. That is what you are saying?
CHAIRMAN YARDLEY: I think it is up to the municipality to enforce the local regulations or enforce dog licensing regulations so we can pass it. If the municipality chooses not to implement it, there's generally no option that you can or that can be taken, is that incorrect?

MR. GOGATS: I think it is Public Health Council. It is our roll to advocate and to move agenda items that are helpful to the public health in the State of New Jersey. This is an important agenda item. It is an important thing for the municipalities that don't have cat licensing and it is important for the residents. If we don't, if someone doesn't do this, sooner or later, it is like a revolver going around, sooner or later someone is going to come down with rabies in the State of New Jersey. This should help.

I am asking this Council to please consider passing this.

DR. LEWIS: Only because if we are saying that 61 percent of the municipalities have cat licensing laws and they are quite happy and they are working and that other 40 percent does not they may have a very, very strong public objection to it, and we are talking about making a recommendation and it...
is not enforceable. I was just asking. I am not against it I am just asking the question.

MR. SAN FILIPPO: To try to clarify Dr. Lewis, I think it is common requiring cars to have a tune up, but not being registered. It is very difficult to really control the activity of what cats, where those cats are. When they come up for renewed license when you don't know at what point where these cats are moving to. To me I would find it very difficult to enforce the rabies without the licensing aspect.

MR. GOGATS: Let me make a statement, okay. If this is required when you to go to a vet's office for a cat, he is going to say do you have a rabies shot? No. It is required by law now, you are going to have to get one.

So people are going to be required when they adopt an animal, when they buy an animal, when they to go the vet, to get rabies shots.

It is going to help, it may not solve all the problems and we can move in the direction from licensing, I don't think we are going to get licensing to happen in the week, but this will start the process.

MR. SAN FILIPPO: Prepare your motion accordingly. I have one more
question.
MR. GROSS: Feral cat colonies.
MR. GOGATS: Has nothing to do with this.
MR. GROSS: Hear me out. I listened to you, listen to me for a minute. If you are just inoculating cats for the rabies, how do we control a possible feral cat colony and know what cats have a rabies vaccine and which ones don't unless we license them. At that point you are going out, hear me out, you go out in the field and there's 50 cats and amaroids(ph) people God Bless them, their intentions are noted and they are doing what they feel is right, you are out there in the field and you have 50 cats. How do you know which ones are licensed or inoculated and which ones are not unless there's some kind of identification or some kind of kind of record that cat was inoculated? I am not saying that it has to be licensed but there has to be some method that you can record which cats are licensed, are not licensed, have been inoculated and what not.
I don't know of another method out there unless it is licensed; am I right or wrong?
MR. GOGATS: Can I talk about that, it is off topic. Feral cat colony is a different issue. They require the colony to be licensed, they require an ordinance in a municipality. They require spayed neutered and rabies and cat ears to be clipped because you know they are part of the colony and they clip most of them and then you know that the cat has a shot.

CHAIRMAN YARDLEY: That is not a state law.

MR. GOGATS: No, sir.

CHAIRMAN YARDLEY: I'd like to move forward. Actually I am going to ask for two motions, two recommendations. One would be that we move forward with recommending that all cats get rabies shots and make that a law, and I like the fact if you go to the vet we need to let all the vets know that is a requirement and they can use some education on this.

The second one is I would like a recommendation sent to the Commissioner in regards to feral cats because this is becoming an issue through the State with a lot of feral cat colonies and I think we need to have some standard for that and I think you have some standards that should be adopted because there's a lot of confusion
over it. There's a lot of communities that have a feral cat colony, and I see that they are being clipped, they are being neutered, given a shot for rabies but then down the road you are not able to know which cats have been given updates in regards to updated shots. Would you like to save the feral cat for another issue?

MR. GOGATS: I have a motion on the table here and want to get this thing done already. It's been a year.

MR. SAN FILIPPO: It's not been seconded but I have a possible resolve. If there's not total commitment among everybody as to whether to include licensure. You can move rabies with the legislation advocating a licensure and providing the wherewithal for licensure in order to enforce that better, that's a compromise.

MR. GROSS: I can go home with that.

MR. GOGATS: Two motions. One motion requires rabies inoculation and the other motion asking for licensing for the municipalities and part of the licensing process be that cats who are breeders cost significantly more than cats that are spayed neutered. In other words, we recommend to them that if licensing fee for a cat that is
spade neutered is a minimum fee of five to
ten dollars and a cat that is a breeder be
licensed over $100.

MR. SAN FILIPPO: Over $100?

MR. GOGATS: Yes. And that way
people will take their cats to the vet and
get them spayed neutered.

MR. SAN FILIPPO: I think you should
leave it if you get it through --

CHAIRMAN YARDLEY: I am asking for
a second on Bob's motion to send a letter or
resolution whichever one we decide, to the
Commissioner in regards to rabies
vaccinations for all cats in the State of New
Jersey. Do I have a second on that?

MR. SAN FILIPPO: I didn't know that
your motion, the original motion included
licensing, did it?

CHAIRMAN YARDLEY: It does not.
I am going to ask for -- do I have a second
of this? I am going to second as Chairman,
Bob's motion for all cats to have rabies
shots. I second that and I am going to ask
for a roll call.

DR. LEWIS: No.

DR. CAMPBELL: Sustained.

DR. GROSS: No.

MR. SAN FILIPPO: No.
MR. GOGATS: Yes.

CHAIRMAN YARDLEY: Yes.

MS. CHARBONNEAU: Vote is three no's. Two, Yes. One abstention.

MS. DOUGHERTY: Abstention counts for a quorum and we have a quorum without that.

MS. CHARBONNEAU: The motion does not carry.

MS. DOUGHERTY: That's correct.

CHAIRMAN YARDLEY: Okay. Do I have another motion?

MR. GOGATS: I have no further motions.

MR. GROSS: I will make a motion that the rabies vaccination for cats be required with the component that include a licensing component and be recommended to the State Commissioner.

MR. GOGATS: Can I talk about the motion now? How is the Commission going to require licensing?

MR. GROSS: Here --

CHAIRMAN YARDLEY: Wait a minute. I believe that we have to amend the animal control, Dr. Campbell is here probably can answer it better than I. I will say that the alternative to this is that the towns with -- with the previous motion the towns
have an option of not necessarily licensing cats, but they can register the cats and it is actually the same thing. I could know a community that did that because there was an objection to the word or the term licensing.

So when you got your rabies shot the cat becomes registered. I think by mandating licensing, I think that this is going to go nowhere. I think it is going to be stopped. You take have a loaf and you say let's get people on board for the rabies.

MR. SAN FILIPPO: If I may. You have more than half a loaf. You have 60 percent of the municipalities that already have it. So you are dealing with what half a loaf and the 40 percent remaining. I will go back and again and say, to me to compromise would be to require the rabies with the, you know, with the licensure and if that doesn't fly because this thing has to get moved to some point today in my opinion, if that gets defeated, that we come back and offer a compromise for rabies with the intent to, for license or the wherewithal to license in order to support that program for those municipalities.

DR. LEWIS: What is the difference in terms of process between licensing and
registering?

MR. GROSS: I don't know either.

MR. SAN FILIPPO: In terms of process if you send out a requirement or if it goes through and the Commission gets recommended and it goes for Legislation you definitely require rabies vaccination, but provide the wherewithal, the recommendation for licensure, if those municipalities need to support the license. There is a cost to vaccinate animals. There is a cost on the municipality and it provides those municipalities that would be rumbling with cost factor for immunizing, just gives them the opportunity to say their license is here, 60 percent is, you have the packet or that information sheet that you asked Dr. Campbell to prepare with the legislation. I just think that would be an all better around thing.

DR. LEWIS: If you have municipalities presently licensing and we start talking about registering that is still the same that there's no problem with that.

MR. SAN FILIPPO: I would say these are the towns that do not license and provide rabies for the cat population.

DR. LEWIS: You can charge a fee for registering.

CHAIRMAN YARDLEY: The idea for
that was to charge a fee to cover the vaccination. I am going to agree with Bob on this. I think that the idea of no cat being adopted, no cat going out of the vet's office without a rabies shot, any cat that ends up in the hands of the public has to have a rabies shot.

I think that is the way to start and I think if people buy into that you can later on go into the other percentage there.

MR. GOGATS: You're right and the thing is that we can advocate for the licensing right now. We can send a letter as Public Health Council to the public municipalities that don't have licensing to advocate for that and I think we should do that, but we still need to get the inoculation license out of the way.

We have to protect the public and that is the only way we are going to do it. Then we move away from the Commissioner because the Commissioner can't require licensing. We have to go to the legislature and you know how long that is going to take, if it even passes because there are going to be people screaming.

MS. CHARBONNEAU: Can't you make that same recommendation on the inoculation since municipalities are voluntarily taking
that action?

MR. GOGATS: Absolutely we should, both of those things should be done but also I would like to ask the Commissioner, that way we would get the buy-in from the entire community, the vets in the communities and the shelters. It is recommended by the CDC guys.

MR. SAN FILIPPO: I think I know that, but I am looking at the practicality of five, a person that has five or ten cats going to a vet to pay for it.

MR. GOGATS: Let them go to the township they give them shots for free.

CHAIRMAN YARDLEY: Shots are all the time.

MR. SAN FILIPPO: You are talking about one part that the people go to the office that the cats shouldn't leave the office unless it is vaccinated, you know you think the town is going to pay for private service?

MR. GOGATS: People who are good owners take the animals for care. Part of the care is a rabies shot. It is not going to cost them a fortune while they are there.

MR. SAN FILIPPO: You have your opinion and I have mine.
CHAIRMAN YARDLEY: Most vets are doing that. I think it's really an attempt to raise public awareness.

MR. GOGATS: Exactly.

CHAIRMAN YARDLEY: That's all this is really.

MR. GROSS: You know what, this is a recommendation to the Commissioner. The Commissioner might have, she might have her own opinion and say guys, guess what I am kicking this back down to you because this ain't going to fly in the State Legislator and rethink this.

MS. CHARBONNEAU: We don't have another motion so the last motion did not pass. Is there any other motion?

CHAIRMAN YARDLEY: Do we have another motion on this?

MR. GOGATS: Does someone who voted no want to raise another motion? So don't do anything.

MR. GROSS: I will make a motion that we submit a letter to the Commissioner recommending that cat licensure with the rabies vaccine component be submitted to her for her approval and consideration.

CHAIRMAN YARDLEY: Do I have a second?

MR. SAN FILIPPO: I will second it.
CHAIRMAN YARDLEY: Discussion? Any further discussion? Let me ask, can we address this to say that the Public Health Council is concerned about rabies in cats and that we had a discussion we'd like to see a rabies program developed for cats and that one of the components could be licensing; with the letter, would that be okay?

MR. GROSS: Yes.

CHAIRMAN YARDLEY: Okay roll call vote please.

DR. LEWIS: Yes.

DR. CAMPBELL: Yes.

MR. GROSS: Yes.

MR. SAN FILIPPO: Yes.

MR. GOGATS: I abstain.

CHAIRMAN YARDLEY: Yes.

MS. CHARBONNEAU: Five votes yes, the motion carries.

CHAIRMAN YARDLEY: Thank you.

Future agenda items we are going to be discussing at the subcommittee level, any other items for the public, before The Public Health Council? Anyone from the public?

Adjournment.

MR. GROSS: Motion.

MR. SAN FILIPPO: Second.

(Whereupon the hearing was concluded at 12:30 p.m.)