

**REGULAR MEETING MINUTES  
ASPETUCK BOARD OF DIRECTORS**

**September 11, 2023**

**Subject to change until approved by the Board of Directors.**

**The Special Meeting was called to order by Chairman Shaum at 7:05 pm.**

**The following voting Board Members were present in the room:** Chairman Paul Shaum, Director Vice Chairwoman Catherine Revzon, and Director Collins.

**Present via Zoom** were Director Nussbaum, and Director Edward P. Mally.

**Also, present in the room was** Mark A.R. Cooper, Director of Health, Vanessa Hurta, Director of Clinical Care, and Pamela Scott, Director of Human Resources and Finance.

**Approval of Minutes**

Chairman Shaum asked if there were any comments on the June 5, 2023, Special Meeting minutes.

Director Mally noted that on page 1, second to the last paragraph, Director Collins name was misspelled. Mr. Cooper indicated he would have it corrected.

Being no other comments, on a motion made by Director Mally and seconded by Director Collins, the Board voted to approve the Special Meeting minutes for June 5, 2023. Chairman Shaum voted yes, Vice Chairwoman Revzon voted yes, Director Mally voted yes, Director Nussbaum, and Director Collins.

**Motion was approved 5 to 0.**

**Communications**

Mr. Cooper noted that a letter dated June 14<sup>th</sup> from Raymond Martin, Chairman Easton P&Z was received requesting comments for proposed P&Z Text Amendments.

It was noted that a June 16<sup>th</sup> letter from Krista Veneziano from CT-DPH had been received indicating that the Health District is eligible for \$107,543.40 of State Per Capita Funding.

A June 21st letter from Zac Jezek from the CT-DPH Food Protection program has been received indicating that Richard Janey has completed all CT- DPH Food Certification requirements.

Mr. Cooper responded to Easton's request for comments on the proposed P&Z Text Amendments in a letter dated July 6<sup>th</sup>.

It was noted that a letter dated July 14<sup>th</sup> from Commissioner Juthani was received indicating the Health District is eligible for \$105,384 of Supplemental Funding for Immunization Activities.

An August 4<sup>th</sup> letter from CT-DPH was received indicating the Health District is eligible for up to \$68,640 of ARPA Funding to reimburse for the completion of epidemiological lead investigations.

Mr. Cooper noted that the August 15<sup>th</sup> Management letter from Costello Company is part of the Health District's annual audit process.

### **Community Needs Assessment Update**

Mr. Cooper indicated that the Needs Assessment is an ongoing process with meetings just about every week. The Board had expressed an interest in the survey questions being contemplated for various focus groups which is why the survey has been included in the Board's meeting package. He indicated that the process seems to be going well, there is a community forum of all our community partners on September 21 to present the data collected, review and discuss the findings with those present and have a couple break out work sessions centered on perceived community needs.

Chairman Shaum added that he has been participating in the meetings but asked how the meeting on September 6<sup>th</sup> with CT-DPH Commissioner Juthani went. Director Collins indicated she attended that meeting and found it very informative. For example, the Commissioner noted that it is difficult to promote public health because it seems almost invisible because it prevents bad things from happening. If something "bad" doesn't happen, people don't necessarily know about it. She also found a discussion on public health laws and how the legislative process works very interesting.

Mr. Cooper stated he thought the meeting with the Commissioner went very well, First Selectwoman Tooker joined the discussion, everyone had an opportunity to discuss anything they might have been interested in, the Commissioner stayed longer than expected and seemed to enjoy her visit.

### **Sanitary Code Update**

Chairman Shaum indicated that the draft Sanitary Code Update was hard to read through. Mr. Cooper agreed, indicating that he thought it important for the Board to see the original text, the text proposed to be removed, and the text proposed to be inserted, thus the strike outs and the highlighted text. He also included a letter from an attorney outlining the Board's approval process to be sure the proper legal process is followed. No approval is being requested at this meeting; the draft is for the Board's review. The draft will be posted to the Health District webpage and brought back to the Board for approval for the next regular meeting in a clean format with no strike out or highlighted text.

Director Collins indicated she understood the need to update the Code is because of the Health District's name change but asked why there was other text being eliminated and/or changed. Mr. Cooper responded saying primarily because of changes to the laws or regulations since the last updates in 2008.

Director Mally noted some definitions have changed and references made to CGS inserted. He wanted to make sure he understood CGS. Mr. Cooper replied that CGS is Connecticut General Statutes. Director Mally also noted that the definition of Potentially Hazardous Foods has been completely removed from the local food code and wondered why. Mr. Cooper replied that the FDA Food Code does not use the term potentially Hazardous Foods, the food items that fall into this category are now referred to, as the FDA Food Code does, as Time or Temperature Controlled for Safety Foods.

### **Strategic Planning Update**

Mr. Cooper noted that the Draft Strategic Planning report has been updated to include the activities either started or completed since the last meeting. Keeping in mind that this is a five-year plan, not all the activities are expected to be completed in the first year. Staff have been working on starting or completing the highest priority goals such as the computer upgrades, the Community Needs Assessment, looking at job descriptions, etc.

Director Collins indicated that the Board should be looking at what progress is being made once or twice a year as an agenda item because things can change over the plan's five years. Mr. Cooper agreed.

### **Insurance Contract Discussion**

Vanessa Hurta, Director of Clinical Services summarized the Health District's traditional vaccination programs for flu and pneumonia where a client's health insurance would be billed. Travel clinic vaccinations are billed to the client directly and they are given a receipt with the proper insurance codes for services rendered, so they can seek reimbursement from their health insurance carrier if they choose. She explained the childhood vaccination program where the state provides the vaccines for free, and the Health District can charge a \$21 administration fee. If someone cannot afford the administration fee, it is waived and written off by the Health District.

For the adult vaccination program, Mrs. Hurta would like to continue and expand the program but has questions regarding the current insurance contracts. There are many laws and regulations in addition to each insurance carrier with different rates of reimbursement.

Responding to a question from Director Collins about why is it important for the Health District to offer vaccines to adults when they can get them at pharmacies, Mrs. Hurta stated that the Health District is often the safety net and vaccinator of last resort, or they are just more comfortable obtaining a vaccination from a nurse. Sometimes it is a matter of convenience, and/or not all pharmacies carry some of the more exotic vaccines that may be needed for travel. Additionally, some vaccinations still require a visit with a primary care provider, who may not be available at a pharmacy.

Mr. Cooper noted the availability of an immunization grant from the state that has a portion of the funds that must be used for media work. Mrs. Hurta explained the media portion of the grant is for work with Yale for marketing. The clinic area has a lot of direct contact with the citizens of the Health District who see staff as a trustworthy credible source of vaccine and travel information.

She added that the Clinic does a lot more than most people realize such as monitoring communicable diseases in the community like a current TB patient that needs to be monitored every day.

Pharmacies are also limited in who and what vaccines they can provide. Sometimes local pediatric offices are booked solidly and cannot take in one more patient before the start of a new school year.

Mrs. Hurta indicated she has concerns if the Health District continues billing as has been done in the past, only submitting billing to insurance companies for flu and pneumonia. The existing contracts are ten to fifteen years old; she would like to know that we are interpreting them correctly and doing the right thing and suggested someone with medical insurance expertise look at them.

Mr. Cooper noted that he did have the Health District's insurance broker take a look at them. Since there has only been one billing complaint, he suggested the Health District just continue doing what has always been done.

There was general discussion on the pros and cons of accepting insurance payments versus direct patient payments. There is a chance if contracts are re-negotiated, the clinic might be able to vaccinate more individuals, but bring in less revenue because all lower insurance reimbursement rates would need to be accepted. The other concern is that if all insurance is dropped, some people might not be able to afford the upfront costs of a vaccine, even though their insurance carrier might reimburse them later. Ultimately, the Board will need to decide if the clinic should only accept direct payment from the patient or continue to accept insurance reimbursement, but after a comprehensive review of what each contract requires.

Mrs. Scott indicated her concern with insurance is that the Health District is a provider for Medicare. Under Medicare, a patient may have a Medicare Advantage plan managed by ConnectiCare, which the contract indicates payments for flu and pneumonia only, however, the patient and ConnectiCare could think the Health District should only be billing insurance and accept their reimbursement rates.

Vice Chairwoman Catherine Revzon stated she thinks the insurance contracts should be reviewed every year. There may be vaccines, such as for shingles, that the cost to the patient should be very clear.

Mr. Cooper suggested he invite the Health District's insurance broker to the next meeting and continue the conversation. The Board agreed that would be very helpful. Mrs. Hurta will check with other Health Department clinics as to their insurance billing practices.

Director Mally asked how many insurance companies the Health District has contracts with and how many do we currently have a problem with. Mr. Cooper responded that we have contracts with about five insurance companies, but we have only had one issue with one. Director Mally also stated that this comes back to conducting a comprehensive review of what vaccines is the Health District willing or able to provide, what is the menu of insurance company reimbursements and ultimately, the decision is, to what extent that is the Board willing to accept "eating" the cost of providing certain vaccines and service, and can the cost of providing that serve be off-set by other Health District services that do generate revenue. Perhaps providing more vaccine and making less money is not a bad thing.

Mrs. Hurta summarized the process of accepting rabies specimens and preparing them for submittal to the State Laboratory for analysis. She requested the Health District offer and cover the cost of preexposure prophylaxis vaccinations for staff to handle the specimens and post exposure prophylaxis if needed. Rabies vaccinations have recently changed from 3 inoculations to 2 for preexposure with a titer or a third inoculation within 3 years and for post exposure 2 inoculations if one has had the preexposure inoculations previously.

There was general discussion on where staff and the public might go for pre and post exposure rabies vaccination with different potential exposure scenarios. There are two staff members who potentially handle specimens and should be offered the preexposure vaccinations at a cost of about \$600 each. There was discussion on whether insurance would pay for these vaccinations or was there a possibility a recent state work force grant might pay. So far this year there have been 3 specimens brought to the Health District that were positive for rabies. Mrs. Hurta indicated she can write a draft personnel policy up, if staff is offered a rabies vaccination and declines, they should sign a refusal form.

### **Director of Health Report**

Mr. Cooper summarized the Operational and Permit Activity reports for March, April, May, June, July and August. In the August Operating report, Director Mally indicated that there appears to be a formula error in the fiscal spreadsheet. In the budget column the income should be broken even but is a positive \$1,729,651. It looks like it is picking up the revenue but not subtracting the expenses. In the July report net income equals the total revenue sum of \$1,725,415. Mr. Cooper indicated he would review the reports with the bookkeeper. Director Mally also indicated that the year-to-date actual column looks to be ok.

Vice Chairwoman Revzon asked if we have hired someone to work with the bookkeeper as the auditor has suggested. Mr. Cooper indicated that there have been several interviews, non-responses and a couple of proposals that seem high in cost. He is following up with a CPA firm that the auditor suggested recently who provides a similar service to another Health District, 3 calls have been made to the recommended firm, but there has been no call back. Next step would be to put a general job opening advertisement out. There was general discussion on what type of work needs to be done. Director Collins thought she might know someone interested in the job. Mr. Cooper indicated that he has had anyone interested contact the auditor directly to get a feel for what is needed.

Mrs. Scott added that this needs to be acted upon since the bookkeeper issues have been in the auditors' Management Letters for the last two audits. Director Collins requested the auditor's contact information and will talk to the person she thinks might be interested.

Mr. Cooper noted that the number of new plan submissions is averaging just under 150 plans per month, he anticipates the number will start to decline as it does seasonally. He estimated that a new normal for plan submissions with Easton should settle down at about 120 per month.

Mr. Cooper noted that with the recent computer upgrade replacing the staff's 8-year-old desktop computers with new ones, he has a number of older computers for disposal. He asked the Board for approval to offer the computers to staff, after the hard drives had been wiped clean. There was Board consensus that letting staff have the old computers with cleaned hard drives would be a good reuse of them.

### **Executive Session**

On a motion made by Director Collins and seconded by Vice Chairwoman Revzon, the Board voted to go into Executive Session to discuss the Director of Health's work contract and a potential legal action regarding violations and non-compliance for a new home under construction. Chairman Shaum voted yes, Vice Chairwoman Revzon voted yes, Director Mally voted yes, Director Nussbaum voted yes, and Director Collins voted yes.

**Motion was approved 5 to 0.**

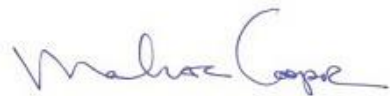
Chairman Shaum declared the executive session over at 9:02pm.

### **Adjournment**

Chairman Shaum asked if there was any additional business to come before the Board. Hearing none, on a motion made by Director Mally, and seconded by Director Collins, the Board voted to adjourn at 9:04 pm. Chairman Shaum voted yes, Vice Chairwoman Revzon voted yes, Director Mally voted yes, Director Nussbaum voted yes, and Director Collins voted yes.

**Motion was approved 5 to 0.**

Respectfully submitted.



Mark A.R. Cooper Director of Health  
Aspetuck Health District