MEMBERS PRESENT: Chair James Morrison, Vice Chair Greg Pils, Secretary Dr. James Schauer, Dr. Richard Moss, Gil Kelley, Jeffery Kindrai, Dr. Robert Corliss, Dr. Jon Meiman

WSLH STAFF PRESENT: Dr. James Schauer, Dr. Errin Rider, Dave Webb, Cynda DeMontigny, Jan Klawitter, Kevin Karbowski, David Gay, Jim Sterk, Steve Strebel, Allen Benson

DNR STAFF PRESENT: Zana Sijan, Steve Geis

GUESTS PRESENT: Mr. Andy Johnson, Dr. Keith Poulsen

PROCEDURAL ITEMS

Item 1. ROLL CALL

Chairman Morrison called the meeting to order and Greg Pils seconded the motion.
Chairman Morrison initiated and conducted the roll call of the Board members. All Board Member seats or their designated representatives were present except for Jennifer Blahnik, Gina Green-Harris, and Dr. German Gonzalez. There was 1 attendee on the public line.

Item 2. APPROVAL OF MINUTES

- February 18, 2022
- December 21, 2021

Approve the minutes of the December 21, 2021 Board meeting as submitted.
Mr. Pils made the motion to approve, Dr. Moss seconded the motion. The voice vote to approve the minutes was unanimous.

Approve the minutes of the February 18, 2022 Board meeting with edit.
Jeff Kindrai asked for the following correction to his statement at the bottom of page 8 to more accurately reflect what he was saying at the Feb. 11, 2022 meeting:

Mr. Kindrai: Playing an assurance role is important, as the state lab keeps a foot in the game just in case, so there are no delays. He would encourage WSLH's involvement in PFAS testing outside UCMR5 such as blood work for SHOW and other environmental areas where there may not be as much capacity.

Chairman Morrison entertained a motion to approve the minutes with Mr. Kindrai’s amended comment. Mr. Pils made the motion and Mr. Kindrai seconded the motion. The voice vote approving the minutes was unanimous.

Item 3. REORGANIZATION OF AGENDA

There was no request to reorganize the agenda

Item 4. PUBLIC APPEARANCES

None

Item 5. BOARD MEMBERS’ MATTERS

Dr. Moss has to leave at 2pm, today.

Thanks to all in their participation in the February 28, 2022 Special meeting and for a good resolution – Dr. Moss commented that Mr. Pils’ letter to legislators was particularly effective.

Mr. Kindrai brought up the increase in overdoses during pandemic and being attentive to the roles labs play in the public health factors, and additional attention may be needed – No action required, just request for attention – Mr. Kindrai interested in the topic, due to an increase in his county. Dr. Schauer responded that WSLH is also paying attention; it is something we could present at the June board meeting and work with DHS to get onto the agenda.

BUSINESS ITEMS

Item 6. FACILITIES PLANNING
   - Dave Webb

Dynamic situation – First of many conversations on this topic; We are assessing our facility, footprint, overall space:
   - Stovall Hall/Henry Mall – getting to be outdated with increasing maintenance costs
• Walton Commons - OIS – Not cost-effective with some concerns over the private lease, as we have less control over the intricacies of lease.

• Ag Drive - DOA Bldg, DOA staff in the building – Immediate access to correct and appropriate tradespeople that can serve our needs – Even with new wing, 6-7 years ago, we outgrew it as we moved into it. The building is limiting growth.

New Space Options
• Expansion space for a wing to the north of Ag Drive – DOA/State land State land, pros and cons – Space, timing and financing
• Consolidating Stovall and Walton Commons into a new/remodeled building and possibly including some Ag Drive programs, to alleviate space pressure.
• Remodel Stovall – Analysis embarked on particular floor, but no overall overhaul – It’s to buy time
• Hill Farms - Add additional space at Hill Farms, could renovate space there.

Potentials for funding
• Request made to WI American Rescue plan via DHS/DOA for possible funding
• Discussion in Congress - APHL and other partners about state lab infrastructure model
• Public-Private arrangements. Build-to-lease, Pros/Cons to all arrangements
• Traditional WI State Appropriations

We are going forward with two ongoing architectural engineering (AE) studies at Hill Farms and Ag Drive to determine capacity/cost/timing.

Public/Private build-to-lease arrangement in terms of consolidation/function
Stovall 65000 square feet in Stovall, but not particularly efficient
Looking at 60/80/100 million dollar figures to replace Stovall for HM and WC replacement. Big topic is fate of Stovall – We are working with Mark Wells and his colleagues to see what can be done.

As far as a PP investment, we are a decent risk for build-lease arrangements. UW-Madison Campus has used this model and Dr. Moss has experience and understanding, has been working on details and campus has used this model, and it’s a good possible option going forward – Stovall is not a rational investment.

There are two options for clinical lab needs: Replacement and addition to our clinical activities
There are only two rational options to financing: 1) Congress providing significant money, and 2) build-to-lease.

Dr. Moss advised that they have been pursuing this model with the Biomedical Swine Research Lab. It’s a very specialized building with biomedical innovation and pathogen-free space. They have been working with Johnson Controls, where after 20 years, ownership is transferred to lessee. It would be hard for financiers of the project to offload to another lessee. It’s an efficient model, low initial cost and
doesn’t require cash up front. Lease payments cover annual operating & maintenance cost, so no burden financially to the rest of university. Ohio State has built its entire medical research facility with this model. There are multiple likely partners in the Madison area and WSLH is a very good, low-risk investment.

University Research Park – Lease cost has to be competitive. What is attractive is that WSLH would be a good, long-term tenant and we could do away with lease-to-own and just hold a lease over decades. Build a building in 2-3 years as opposed to 20 years.

Mr. Kindrai – Henry Mall was going to be decommissioned – How much specialty do you need in the building? As delays in building occur and willingness to do it on leased basis are encouraged Jamie- Long term plan that HM will be knocked down and the replacement will not be ours. We should plan for no more than 7-10 years maximum, but it’s likely not within the next three years. We would have BSL2 at the new lab (as opposed to the BSL3 at Ag Drive, which we have no intention to duplicate), which makes it an easier investment for this sort of program.

Dr. Schauer – We will pursue the AE studies, consider adding a wing on Ag Drive with federal funding – We can continue to pursue buildings and we will see where Congress comes down. Meanwhile, we should be looking at a more specific plan for going forward in the next year. WSLH’s request to Board is to please let us know what else we should be doing.

Dr. Moss advises Ag Drive wing could also be a build-to-lease arrangement.

**Item 7. NEWBORN SCREENING CARD COST**

- Dr. Errin Rider

In 2011, the authority to increase Newborn Screening Card fees moved from the WSLH board to under DHS; NBS Card fees were last increased in 2010.

NBS costs have consistently increased due to program enhancements and inflation. While we have continued to discuss with this with DHS Administration, the process has stalled and no progress is being made.

The WSLH receives 53.7% of the card fee for newborn screening laboratory operations and DHS receives 46.3% for newborn screening program operations.

Costs of laboratory operations have increased by 46%, due to second-tier testing, regulatory requirements and legislative addition of disorders – Courier costs increased by $400,000 and new disorders continue to be added. Anticipated costs for next year show only 62% covered by the card, leaving the WSLH to cover 38% by other means, with a continued 3% anticipated annual increase in cost annually.
This situation is unsustainable and it's going to get worse every year. We are not necessarily asking for recommendations from board, but this is necessary information of which the members need to be aware.

Dr. Schauer advised WSLH is working with leadership to see if we can work with this, and politically, operationally, these numbers affect the bottom line and the ability to support the lab. The main message: This is one of the bigger threats to WSLH and difficult decisions may have to be made, like dropping follow-up testing for PKU that we've done for free. Maybe DHS can do the follow-up? We cannot simply cover the costs by increasing fees in other areas. Dr. Schauer made it clear that this was not directed at Board Member, Dr. Jon Meiman.

Dr. Meiman stated he had been briefed by Anna Benton, but doesn't have a whole lot to add; we are stuck. A lot of challenges. The program is desirable, but the funding isn’t there. Will require more negotiation. Raising the fee for the card would require an administrative rule change.

Dr. Schauer advised that Newborn Screening cards are paid by insurance through hospitals which do not want to see the fee increased. It is important that the WSLH Board understands that this is presently one of the biggest challenges for us, going forward.

This will be addressed more in the coming year, as it is becoming urgent, and WSLH may need to talk about cutting costs and cutting services. WSLH will discuss further in September.

Item 8. NATIONAL ATMOSPHERIC DEPOSITION PROGRAM (NADP) AERO-ALLERGEN NETWORK

- Mr. Andy Johnson
  Maine Department of Environmental Protection Bureau of Air Quality and Chair, NADP Aeroallergen Monitoring Science Committee

Dr. Schauer introduced speaker, Mr. Andy Johnson, along with WSLH’s Dr. David Gay, program coordinator for the NADP program, which came to the WSLH 3 years ago, funded by federal, state and tribal entities. Acid deposition, mercury, environmental contaminants –

Mr. Johnson Subcommittee – Air Quality, active in air allergens – Set NADP data @ country. Disparities, access...
Topic Aeroallergens is component
Public Health Issue:
Expanded monitoring important need:
Access to Aeroallergen data important, why?
NADP’s role:

Allergic Rhinitis increased from 1970-2000, from 10-30% in US population. Outdoor aeroallergens (pollen/mold) exacerbate health conditions including asthma, allergic rhinitis, COPD and conjunctivitis. 25 million people have asthma and number is growing.

Cutaneous sensitivities have increased. Quality of life issues: large effects on morbidity, well-being, school attendance, work productivity, associated with increasing health care costs. ($16B annually)

Climate Change: Plants are responding to warmer temps, leading to more pollen and increasing pollen allergenicity. Increase in CO increases spore abundance – Seasons start earlier and last longer – Wildfires, air pollution, aggravating factors piling on humans.

Expanded monitoring – Limited network of sites that can measure - Small number of individuals who fund and supply data for allergy clinics – No centralized network.

70-80 sites in the US, as opposed to 250 sites in NADP – National network would help us figure the quantity and geo-spatial coverage. Data important for being able to validate existing models. While we cannot measure everything, we use computer models to give estimate. We need more data to represent all the different kinds of models.

Utilizing satellite imagery, temperature, and an increase in Google searches to indicate things are happening for onsets of pollen seasons.

Improved Access to data – Not widely distributed or well-coordinated– Tribal sites may do some, but trying to ID where it is happening is no small challenge. Good access would allow people to see the pollen season beginning to start medication 6 weeks ahead of exposure. Timing would help treatment efficiency and efficacy.

There is a history in current sites of resistance to share data - perhaps due to financial concerns. Clinicians have been reluctant to engage or share their data; they have laid out their own resources – are willing to sell the data – scientists not always getting data or easy access, cannot always pay for it. Most of the public does not have access to this data, and this data would be helpful to public health organizations, climate change science, etc -.  EPA has identified this as a leading climate change factor.

How to address issues.  CSTE & CDE – Pollen Summit 2015-2019 – Stake holders brought in – Already identified the reasons, but no solutions – Began to ask how to create a network and set about establishing a Network.

• Worldwide networks, NADP held up as model with a good reputation  
• NADP has centralized operations, QA/QC, publicly accessible database  
• Public database  
• Policy and procedures already in place  
• Organization of NADP allows partners to pay to participate in the network so the financial structure is already in place.

Standardized procedures - Siting criteria, sampling frequency, level of speciation required, approved

AMSC – Proposed in 2016 and provisionally approved for one year – After first year, a lot of success and good engagement – 2017-2021, renewed for another 4 years beyond that, recently. Conducted methods comparison study.

Study compared methods – Proposed 2021 pollen study, March – October (Madison into November)  
Duke forest, NC/Madison, WI/ Logan, UT –Looking at historical methods for pollen/allergen collection and current NADP processes, and using filters that would otherwise just be thrown away.

In midst of doing data assessment, compiling data from all sites, massage data for analysis – Site in Madison, of 3 major categories – Best correlation  
Trees – Publish paper on it

Pollensense is a $3750 particulate sensor – Air comes in, traps particulates on a tape, camera with microscope looks at it, takes a photo over minutes which can be sent and evaluated – The actual sample doesn’t go away, meaning data can be reanalyzed. Being identified as particulate, not just pollen – Can identify variety of things and constant, real-time use. Methods comparison study vs traditional methods. It is an affordable price, and as art, it learns over time.

It fits within our mission and is timely. Dr. Schauer advised that we may be in a unique position to be a partner in this area. Chairman Morrison thanked Mr. Johnson and acknowledged the industrial hygiene assessment struggle with crossover in this area. Primarily limited to pollen? Any expansion to mold, other particles? – Mr. Johnson agreed that there is potential to teach the AI to identify molds. Just beginning that work. Indoors too. Relatively inexpensive instrumentation. Chairman Morrison suggested it could drive a lot in construction in ventilation.

Item 9. FINANCIAL REPORT

- Kevin Karbowski

Decrease in OHD and Non-Covid Clinical activity, negative to budget by $600,000.  
About half of clinical shortfall is less non-Covid activity from APHL. $200,000. The remaining 200k is spread out.
Budget – Preliminary budget for next year to submit for approval in June. 1.5M and half Million – Due to increased costs in NBS, which we haven’t seen a price increase in over 10 years – We have a lot of work to do in budget meetings for June.

- Expecting $500,000 shortfall largely due to newborn shortfall
- Requesting 6% price increase (fee for service) in 2023 to cover salary costs. First price increase since 5% in 2019.
- Across the board increase with individual exceptions - some programs might need a little more or less. 6% nominal.

For test pricing or budget overall. Price increase needed most in NBS, but we have no control. This would be price service increases for customers, to match what we’ve paid staff.

Mr. Kindrai: Anywhere that drives market capacity demand rather than across the board?  
Mr. Karbowski advises that “across the board is where we have control and can increase prices.”
Nominal 6%: In some cases, it could be more or less.

Chairman Morrison: Entertain motion for price increase discussion: 
Mr. Kindrai moves to authorize nominal 6% increase – Greg Pils seconds 
Discussion:

What WSLH does is take the current price, increase on spreadsheet by 6% and look at it, line by line, with managers, to make sure that 6% is the right thing to do for each of these individual tests. If a reagent has doubled, WSLH may have to alter the price.

Transportation looks like it’s going to be an issue – WSLH only asks for price increases when we actually need it.

Shortfall to address NBS – Any increase will improve overall NBS Screening; it won’t impact our loss. Will this increase help offset the Newborn Screening losses? This is complicated by existing contracts, so the price increase will take a while to kick in but should represent about a 2% increase in revenue.

Dr. Schauer advises we are still seeking budget and efficiency improvements going forward, but we are bottlenecked in accessioning and data entry. IT resolutions are not trivial but it’s probably the way forward. Bar coding and automated scanning data collections.

Mr. Kindrai makes the motion to approve an increase in fees of 6%: Unanimous in favor, none opposed.

Mr. Karbowski advises that, by statute, we advise of all contracts we enter into for services and those are displayed in the financial slides. Signed 6.3M contracts mostly with ELC.

**Item 10. HR UPDATE**

- Cynda absent, presented by Secretary, Jamie Schauer
Cynda is one of the retirements listed, at the end of April – Leadership change is happening at this time
12 new employees 9 internal changes, 6 retirements, 4 resignations –
Some positions are reaching two-year maximums as well.

Item 11. **DIRECTOR’S REPORT**

- Water Boil Notice Report
  - Dave Webb
    - 3 in Door County, 1 in Grant, possibly more to come with springtime rains

- UCMR5 Update
  - Dave Webb

Thanks to those who participated in constructive meeting – Dynamic PFAS environment – A lot of labs
not formally approved, two more PTs – Previously mentioned EPA-sponsored seminars - When/if we
are approved, it will be in April. There are lots of internal conversations happening and WSLH chose not
to pursue the small public water systems; the administrative burden is not in our wheelhouse.
RT Krueger’s lab will be able to handle those; if/when we get on the list, we will be able to accept large
public water systems. Mr. Webb advised he had a good conversation with Mr. Krueger a week ago.

- Public Relations Report
  - Jan Klawitter
    - Media coverage – NBS – COVID, sewage water, influenza screening
    - Highlights of employees and their accomplishments.

Environmental microbiology becoming more about waste water for influenza. Covid wastewater testing
continues.

Newborn Services was recently in the news with several articles
Heather Barkholtz - new grant for testing strategies for items like bath salts to enable rapid
identification
SMPH published quarterly magazine - two recent stories on WSLH.
Ms. Klawitter referred Board Members to the packet which provides details and further information
about more employee activities and accomplishments.

Item 12. **ELECTIONS OF OFFICERS**

Chairman Morrison will be stepping down in June

Governmental and Non-Governmental categories.
Greg Pils is Governmental, replacing Jim Morrison (Non-governmental). Dr. Gonzalez would be willing. Dr. Corliss, Ms. Green Harris and Dr. Gonzalez are the eligible parties.

Elect Vice Chair – Nominate Dr. Corliss or Dr. Gonzalez (who is not present)

Motion to nominate Mr. Pils for Chair, Dr. Corliss for Vice Chair, Dr. Schauer for Secretary. Dr. Meiman seconded. None opposed.

Motion: Mr. Pils making a motion to nominate Dr. Robert Corliss for next term.

Mr. Kindrai: Moves for the nomination of the following for officers of the WSLH Board of Directors: Greg Pils for the position of Chair, Robert Corliss for the position of Vice-Chair/Chair-Elect, and James Schauer for the position of Secretary for the year 2022 term.

The motion was seconded by Jon Meiman

No discussion – Motion passed unanimously.

Mr. Jim Morrison was thanked for his service and guidance as Chair and requested to keep in touch with WSLH. Mr. Morrison responded that WSLH is well-respected and does outstanding work. It was a pleasure to serve and he looks forward to WSLH’s future success.

Vice Chair Greg Pils made a motion to adjourn the meeting at 2:45 P.M. Mr. Kindrai seconded the motion. The motion passed unanimously and the meeting was adjourned.

Respectfully submitted by:

James J. Schauer, PhD, P.E., M.B.A.
Secretary, Wisconsin State Laboratory of Hygiene Board of Directors