

Call In Number: (866) 685-1580  
Conference Code: 515 281 5606

**AGENDA**  
**IOWA STATE BOARD OF HEALTH**  
**May 8, 2013 – 10:00 A.M.**  
**5<sup>TH</sup> FLOOR SOUTH CONFERENCE ROOMS #517-518**  
**LUCAS STATE OFFICE BUILDING**  
**321 EAST 12<sup>TH</sup> STREET, DES MOINES, IA**

In accordance with its statutory duties, the Iowa State Board of Health is the policy-making body for the Iowa Department of Public Health. The board's mission is to protect and promote the health of all Iowans by reviewing the field of public health and making recommendations to the department, the Iowa General Assembly, and the Governor on a wide range of public health issues. The board also adopts rules consistent with the law for the protection of the public health and the prevention of substance abuse.

**CALL TO ORDER**

**ROLL CALL**

**I. Minutes**

A. Approval of March 13, 2013 Minutes

A motion was made by Diane Thomas to accept the March 13<sup>th</sup> minutes, and seconded by Jay Hansen. Motion carried.

**II. Rules**

A. Department of Public Health [641] – Barb Nervig

1. Adopted and Filed

a) Chapter 1, "Reportable Diseases, Poisonings and Conditions, and Quarantine and Isolation"

This amendment provides an exemption for health care providers and hospitals from reporting communicable and infectious disease laboratory results if the health care provider or hospital ensures that the laboratory performing the analysis provides a report containing the required information to the Department. Health care providers and hospitals that do not perform their own laboratory tests which yield reportable disease results will benefit from this amendment in that the providers and hospitals will not need to incur significant costs associated with electronic laboratory reporting (ELR) to the Department for the purpose of sending a duplicate report that the Department has already received. Also, Meaningful Use requirements call for eligible hospitals and critical access hospitals to accomplish information system-to-system communication. There is no consideration of one important reporting facet of hospital business practice: whether or not a hospital actually performs the laboratory test or sends it out to another laboratory facility. If a hospital performs the laboratory work, the hospital should comply with the Meaningful Use objective and report laboratory results. However, if the hospital does not perform the work and the

performing laboratory reports results back to both the facility, which the laboratory would do naturally, and to the Department, which the laboratory should do to comply with existing legal requirements, then the additional effort and cost of implementing ELR from the requesting (but not performing) hospital so that it is capable of reporting a duplicate result to the Department provides zero benefit.

A motion to accept Chapter 1 was made by Kenneth Wayne and seconded by Cheryl Straub-Morarend. Motion carried.

b) Chapter 11, “Acquired Immune Deficiency Syndrome (AIDS)”

The rules in Chapter 11 describe procedures and programs related to HIV/AIDS, including laboratory certification, training programs, notification and testing of exposed persons, and the AIDS Drug Assistance Program (ADAP). These amendments for the Iowa ADAP provide updated and consistent language, an expansion of program definitions, and a clear delineation between program components.

A motion to accept Chapter 11 was made by Tonya Gray and seconded by Kenneth Wayne. Motion carried.

c) Chapter 140, “Emergency Medical Services Systems Development Grants Fund”

The rules in Chapter 140 describe the process to apply for and receive the Department’s emergency medical services (EMS) system development grants. These amendments eliminate a requirement that the funds be awarded competitively, which will remove barriers that local applicants currently experience and improve the accessibility to these grants. Appropriate audit protections are taken to ensure funds are expended in an appropriate manner. The Department consulted with the state Emergency Medical Services Advisory Council, which voted in favor of recommending these amendments to the Director of Public Health.

A motion to accept Chapter 140 was made by Kenneth Wayne and seconded by Michael Wolnerman. Motion carried.

2. Notice of Intended Action

a) Chapter 133, “White Flashing Light Authorization”

The rules in Chapter 133 describe the standards for white flashing lights that may be used by emergency medical care providers for identification of vehicles. These proposed amendments update the definitions contained in

the rule and adds direction to the Department's website for the white light permit form.

- b) Chapter 134, "Trauma Care Facility Categorization and Verification"  
The rules in Chapter 134 describe the process and standards for the categorization and verification of hospitals and emergency care facilities as a trauma care facility. The proposed amendments amend the definition of emergency medical care provider by referencing the definition found in 641 – 131.1(147A). These proposed amendments also update the reference to the "Iowa Trauma System Regional (Level II) Hospital and Emergency Care Facility Categorization Criteria;" the "Iowa Trauma System Area (Level III) Hospital and Emergency Care Facility Categorization Criteria;" and the "Iowa Trauma System Community (Level IV) Hospital and Emergency Care Facility Categorization Criteria" documents to the most recent edition, 2013.
  - i) Trauma Care Facility Area (Level III)
  - ii) Trauma Care Facility Community (Level IV)
  - iii) Trauma Care Facility Regional (Level II)
- c) Chapter 135, "Trauma Triage and Transfer Protocols"  
The rules in Chapter 135 establish the out-of-hospital trauma triage destination decision and the inter-trauma care facility triage and transfer protocols. The proposed amendments update the reference to "Out of Hospital Trauma Triage Destination Decision Protocol" (Adult and Pediatric) documents to the most recent editions, 2013 and rescind the references to "Inter-Trauma Care Facility Triage and Transfer Protocol" (August 1996).
  - i) OOHTTDDP Adult Final
  - ii) OOHTTDDP Pediatric Final
- d) Chapter 137, "Trauma Education and Training"  
The rules in Chapter 137 describe trauma education and training for Iowa's trauma system. These proposed amendments clarify the trauma education and training requirements and replace the existing tables with written requirements.

B. Department of Inspections and Appeals [481] – Dave Werning

1. Adopted and Filed

- a) Chapter 22, "Health Care Facility Audits," Chapter 50, "Health Care Facilities Administration," Chapter 54, "Governor's Award for Quality Care," Chapter 57, "Residential Care Facilities," Chapter 58, "Nursing Facilities," and Chapter 65, "Intermediate Care Facilities for Persons with Mental Illness (ICF/PMI)"

The amendments strike the terms “mental retardation” and “mentally retarded” from the Department’s administrative rules and replace them with the term “intellectually disabled.” The amendments make corresponding changes in the Department’s administrative rules to implement sections 11 through 18 of 2012 Iowa Acts, chapter 1019.

A motion to accept the change was made by Jay Hansen and seconded by Ted George. Motion carried.

b) Chapter 63, “Residential Care Facilities for the Mentally Retarded”

The amendments strike the terms “mental retardation” and “mentally retarded” from the Department’s administrative rules and replace them with the terms “intellectually disabled” and “intellectual disabilities,” as appropriate. The amendments make corresponding changes in the Department’s administrative rules to implements sections 11 through 18 of 2012 Iowa Acts, chapter 1019.

A motion to accept the change was made by Jay Hansen and seconded by Ted George. Motion carried.

c) Chapter 64, “Intermediate Care Facilities for the Mentally Retarded”

The amendments strike the terms “mental retardation” and “mentally retarded” from the Department’s administrative rules and replace them with the terms “intellectually disabled” and “intellectual disabilities,” as appropriate. The amendments make corresponding changes in the Department’s administrative rules to implements sections 11 through 18 of 2012 Iowa Acts, chapter 1019.

A motion to accept the change was made by Jay Hansen and seconded by Ted George. Motion carried.

d) Chapter 61, “Minimum Physical Standards for Nursing Facilities”

The rulemaking rescinds the current Chapter 61 and replaces it with a new Chapter 61, which incorporates by reference generally accepted design and construction standards for the construction and renovation of nursing facilities. The Department requested the assistance of the Building Code Bureau of the State Fire Marshal’s office to review the rules pertaining to minimum physical standards for nursing facilities. A full review of the rules has not been conducted for nearly 20 years, during which time most national building codes and standards have been significantly revised.

A motion was made by Kenneth Wayne to accept the changes and was seconded by Diane Thomas. Motion carried.

e) Chapter 59, “Tuberculosis (TB) Screening”

The amendment clarifies which health care workers are subject to the tuberculosis screening requirements outlined in 481 – Chapter 59, as well as those individuals who are exempt from the screening requirements. The amendment was developed in cooperation with the Iowa Department of Public Health and addresses concerns raised by the Iowa Health Care Association and LeadingAge Iowa regarding TB screening of volunteers who work in health care facilities.

A motion to accept Chapter 59 was made by Ron Abrons and seconded by Tonya Gray. Motion carried.

2. Notice of Intended Action

- a) Chapter 50, “Health Care Facilities Administration,” Chapter 57, “Residential Care Facilities,” Chapter 58, “Nursing Facilities,” Chapter 62, “Residential Care Facilities for the Intellectually Disabled,” Chapter 64, “intermediate Care Facilities for the Intellectually Disabled,” and Chapter 65, “intermediate Care Facilities for Persons with mental illness (ICF/PMI)

The amendments implement legislative changes, including Senate File 347, to Iowa Code section 135C.33, which requires health care facilities to conduct criminal record checks, and child abuse and dependent adult abuse record checks of prospective employees.

**III. Substance Abuse**

- A. Report from Substance Abuse/Problem Gambling Treatment Program Committee –  
Jay Hansen

This morning we approved 7 licenses and 1 deemed status license. There were no complaints to the Board. Kathy Stone reviewed some of the proposed updates in Chapter 155. She will bring these changes to the Board of Health in July.

A bill to move from certification to workforce licensure passed the House and Senate, but was vetoed by the Governor.

**IV. Department Reports**

- A. Director’s Information - Director Miller-Meeks

Dr. Miller-Meeks wanted to update the Board about the sequester. Because of the long lead time before, we were able to make sure no services were cut. The real impact to IDPH is when Sec. Sibelius moved 463 million dollars of funding from the Prevention and Public Health fund to the exchanges under the ACA. Primarily this will affect Chronic Disease and Health Promotion Division.

One of our primary focuses this legislative session has been to retain fees that we collect from Environmental Health. They previously would go to the General Fund and then reallocated to IDPH. This looks like it should survive the session.

The Gartner ruling came last week from the Iowa Supreme Court. They found that the Department could not have responded to the request any differently. Heather

will be filing a motion because the ruling stated there may have been bias or discrimination in the claim. We do not agree with that, since we were just following the statute.

Yesterday, we were lucky to have Coach Hoiberg of ISU join us on our Director's Walk. It was a great time and emphasized getting out and being healthy!

## B. Staff Reports

### 1. EMS – role of IDPH and State Board of Health – Gerd Clabaugh

EMS has been in the news recently, so we wanted to give you some information on IDPH's role in EMS in the state. Over the past 6 years, we have gone through staff reductions. I would like to touch on 4 areas of responsibility that the Department has. Our primary focus areas are regulation, education, quality improvement, and injury prevention. In the bureau, we license around 12,000 Iowans throughout the state. We are involved in the investigatory work of EMS professionals. We inspect and certify services throughout Iowa. Every county has at least one service located in it. We have 4 regional coordinators who inspect these locations. Today you approved a rule for our System Improvement Grant. This will help with improving access for individual providers to continue education. The Preventative Health Services Block Grant has been depleted over many years, so we have lost funds from the federal government towards our injury prevention work. There is legislation this year to create an EMS Taskforce.

### 2. Iowa Health Update – Dr. Quinlisk

H7N9, the bird flu in China, is being monitored by the CDC. There is no documented human to human spread currently. We will have a table talk walk through to prepare for a biological emergency. We don't believe this is a concern, but we want to be prepared.

This influenza season is pretty much over. The flu vaccine next year will contain four different strains of the flu (2 As and 2 Bs).

Our surveillance system is ready for West Nile Virus. Last year was a pretty bad year for West Nile because of the extremely hot temperatures.

We have one person in quarantine right now. Three Iowans were exposed to measles on an airplane. One individual was too young to be vaccinated, so they are quarantined. The other two individuals had immunity and were immediately let out of quarantine.

Doxycycline is in shortage right now. This is the drug of choice for chlamydia. The price has gone up exponentially.

A Rhino virus outbreak happened in a school in Iowa. Originally thought it was pertussis, but turned out to be Rhino virus.

### 3. E-Health Update – Kim Norby

We have 51 organizations signed up for direct secure messaging.  
The four large health systems have signed their final participation agreements.  
The Budget will come to the Board of Health for final approval likely in the July meeting.

Our privacy and security section will require some amendments. This will happen in the next Legislative Session.

We will have some rules coming to the Board of Health soon for the opt out process.

The e-Health research committee came up with a report that is being sent along to the Legislature and Governor's office.

**V. Old Business**

A. Mental Health Redesign (rules/language changes)– Kathy Stone

The state has been working for some time on mental health redesign and disability services. DHS holds authority for mental health and disability services for uninsured in the state. Previously services had been delivered by the counties, so we had many different types of services given to Iowans. The intent of the legislation was to standardize the services statewide. The focus this past year has been on switching from a county system to a regional system with continuous counties. There will likely be 15-20 regions statewide.

**VI. New Business**

**VII. Next Meeting**

The next Board of Health meeting is July 10, 2013.

**VIII. Adjournment**

Diane Thomas made a motion to adjourn, and was seconded by Michael Wolnerman.  
Motion carried.

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