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[The First Week](#)

The second session of the 85th General Assembly started on Monday, January 13 here are some highlights from the week:

- **Condition of the State.** Governor Branstad delivered his 19th Condition of the State address entitled, "Iowa is Working!" to the General Assembly on January 14. For more information about the Governor's policy goals for the 2014 legislative session and his FY 2015 budget recommendations, please click [here](#).
- **Governor's Budget Recommendations.** Accompanying Governor Branstad's Condition of the State address were his recommendations to the General Assembly for state budget year FY 2015. The following changes have been recommended for the Iowa Department of Public Health (IDPH). All other programs are recommended at the FY 2014 level of funding:
 - An increase of \$215,000 for a new, joint Emergency Medical Services (EMS) and trauma system software system.
 - \$150,000 is recommended as one-time funding from the Technology Reinvest Fund under the purview of the [Transportation, Infrastructure, and Capitols Joint Appropriations Subcommittee](#).
 - \$65,000 is recommended for ongoing maintenance costs from the General Fund under the purview of the [Health and Human Services Joint Appropriations Subcommittee](#). All of the IDPH General Fund appropriations are provided for by this subcommittee.
 - An increase of \$75,000 from the General Fund to subcontract with the [American College of Surgeons](#) to conduct a benchmark assessment of Iowa's statewide trauma system. For more information about IDPH's trauma systems programming please click [here](#).
 - For more information on the aforementioned budget priorities please refer to the attachment, "EMS_Trauma Registry...One-Pager," for the summary memo.
 - An increase of \$1.0 million from the General Fund to continue to support and expand medical residency training programs in Iowa.
 - Several reductions were recommended for FY 2015:
 - A decrease of \$75,000 for tobacco funding due to one-time funding in FY 2014 for social media marketing and marketing materials.
 - A decrease of \$25,000 for the Audiological Services for Kids Program. This program reverted funding at the end of FY 2013.
 - A decrease of \$40,000 for the Patient-Centered Health Advisory Council (formerly known as the [Prevention and Chronic Care Management and Medical Home Advisory Council](#)). This funding also supports the department's Office of Health Care Transformation.
 - A decrease of \$28,000 for one-time funding in FY 2014 to establish three new professional licensure types under the purview of Iowa Board of Podiatry (orthotics, prosthetics, and pedorthists).

[IDPH Legislative Package](#)

- IDPH will have three bills for the 2014 session:

- [SSB 3013](#) was introduced in the Senate on January 15 and was referred to the [Senate Human Resources Committee](#). It has been assigned to a subcommittee of Senators [Herman Quirmbach](#) (chair), [Liz Mathis](#), and Mark Segebart (link was incorrect). A subcommittee meeting has been scheduled for noon on Thursday, January 23. The change the Board of Dietetics, (under the IDPH Bureau of Professional Licensure), is proposing is consistent with the change in name of the American Dietetic Association (ADA) to the Academy of Nutrition and Dietetics (AND), and includes the name of the AND credentialing agency, the Commission on Dietetic Registration. The bill is technical in nature.
- [SSB 3014](#) was introduced in the Senate on January 15 and was referred to the Senate Human Resources Committee. It has been assigned to a subcommittee of Senators [Mary Jo Wilhelm](#) (chair), [Bill Dotzler](#), and [David Johnson](#). A subcommittee meeting has been scheduled for 8:30 am on Thursday, January 23. The bill consists of five divisions. For more information about the components of the omnibus bill please refer to the attachment, "IDPH Omnibus Bill Memo" for the summary memo.
- The third bill pertains to the Iowa Health Information Network (IHIN) that is administered by the [IDPH Office of e-Health](#). The bill is proposing to expand eligibility for the query function service that the IHIN provides. The service is used to query participants (any entity that has signed a participation agreement with the Office of e-Health) in the IHIN for a patient's health information. Examples of when the service may be used include but are not limited to when the patient is unable to remember their full medical history or during an off-hour emergency. Each participant is vetted through an approval process before gaining access to the IHIN. As of this writing, the bill has not been introduced in either chamber. To view the draft of the bill please refer to the attachment, "LSB 5306 IHIN Bill FINAL."
- To understand how a bill moves through the legislative process, click [here](#).

[Highlights for Next Week](#)

- Interim Director Gerd Clabaugh has been invited to give an overview of the department's budget to the [Health and Human Services Joint Appropriations Subcommittee](#) on Thursday, January 23 between 10:00 am and noon.
- Director of the Division of Behavioral Health, Kathy Stone, has been invited to the [Senate Judiciary Committee](#) at 1:00 pm on Wednesday, January 22 to provide remarks on the issues of substance abuse as they relate to Iowa's criminal justice system.

[Other Information](#)

- **Mark Your Calendar.** The [funnel dates](#) in each chamber have been [moved up two weeks](#) as part of the joint effort to end session early. First funnel is now scheduled for February 21 and the second funnel is now scheduled for March 14. To view the updated session timeline please click [here](#).
- The Iowa General Assembly website is a great source of legislative information. The address is www.legis.iowa.gov . Take a few minutes to check out the wealth of resources.
- The Legislative Update is also posted on the IDPH website at http://www.idph.state.ia.us/adper/legislative_updates.asp . To subscribe to the IDPH Legislative Update, please send a blank email to join-IDPHLEGUPDATE@lists.ia.gov.

IDPH FY 15 Budget Request – Public Protection, Technology Reinvestment Fund, & Resource Management

TRAUMA SYSTEM EVALUATION

In coordination with the Trauma Systems Advisory Council, IDPH is requesting a one-time appropriation to host a facilitation team from the American College of Surgeons (ACS) to assess Iowa’s trauma system strengths and weaknesses. The ACS team will assist the Department in assessing the trauma system in Iowa to identify needed improvement, and provide a benchmark to measure progress toward trauma system development goals. The ACS Trauma Systems Consultation Program is not a verification or designation process. It is a voluntary program to assist the state’s trauma system in making needed improvements. Following the consultation, ACS will prepare a report that provides a current assessment of the trauma system and recommendations for future trauma system development. The system improvements that are identified and addressed will result in improved patient outcomes, as well as improved efficiencies within the trauma system that may result in reduced health care costs.

Description (Public Protection)	Estimated Cost
ACS Assessment	\$75,000

The estimated cost includes: An ACS consultation team visit to provide technical assistance and consultation regarding processes, quality improvement and injury prevention. Additional costs include venue rental for a three day visit, travel and per diem for participants, as well as miscellaneous expenses.

TRAUMA & EMS REGISTRY SOFTWARE REPLACEMENT

IDPH is requesting a one-time appropriation from the Technology Reinvestment Fund for purchase of the software system and an ongoing appropriation from the General Fund for the maintenance of it. The goal of the system is to collect statewide injury data to determine trends and positively affect patient care outcomes. Iowa Code and IDPH administrative rules require a verified trauma care facility to submit reportable patient data that is used to evaluate and assess patient and system outcomes. IDPH awarded a contract to Digital Innovation in 2002 for development and implementation of the current system. This trauma data collection system is still in use and is known as “Collector”. It is not web based and must be maintained on individual user computers at every trauma center in Iowa.

Emergency Medical Service (EMS) transport agencies are required to submit patient care record data points from 911 and emergency medical service transports. IDPH contracted in 2003 with Intermedix to provide a statewide system to collect the data. This system is called “WebCur” and provides an online account for all Iowa licensed transport services to submit the required data.

The technology used for “Collector” and “WebCur” is outdated and no longer compatible with new technology and data requirements (e.g. ICD-10 coding). Given the age of these systems and the speed of technological change, the Department recognizes a need to vastly improve the ease of data capture, the quality of information captured by the system, information sharing between EMS and hospitals, technical efficiency of the system and the timeliness of quality of care reporting at the facility and service level. Failure to update this technology will result in lost data and lost capacity to receive reportable data, as well as lost capacity to effectively use the data for system improvements for better patient outcomes.

Description	Amount of Revenue
Estimated initial cost (Technology Reinvestment Fund)	\$150,000
Estimated Annual Maintenance (Resource Management)	\$65,000



Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.
Director

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Memorandum

To: Iowa General Assembly
Fr: Iowa Department of Public Health
Re: 2014 Omnibus Bill
Date: January 14, 2014

The Iowa Department of Public Health's (IDPH) omnibus bill consists of five brief divisions:

Division I Training on Blood-Borne Pathogens

[Section 135.11\(20\) and \(21\)](#) directs IDPH to adopt training requirements on blood-borne pathogens for specified emergency (e.g. EMS, fire, and law enforcement professionals) and non-emergency personnel (e.g. hospice and home care aid workers). The proposed amendments align training requirements with federal Occupational Safety and Health Administration (OSHA) requirements.

Division II Healthcare Workforce Support Initiative

[Section 135.175](#) establishes the Health Care Workforce Support Initiative and Workforce Shortage Fund under the purview of IDPH. Within this Fund two accounts are actively utilized by the department. The Medical Residency Training Account was established to fund medical residency training state matching grants and the Health Care Workforce Shortage National Initiatives Account is used to fund the department's Primary Care Recruitment and Retention Endeavor (PRIMECARRE) Program. These accounts are scheduled to sunset on June 30, 2014. A technical change is necessary for the continuation of these accounts to administer the funds needed to implement these programs.

Division III Salon Licenses and Inspections

A [Report of Recommendations to the Iowa Department of Public Health](#) was published by the Office of the State Auditor on August 13, 2013. Page 10 of the report recommends that the Iowa Board of Cosmetology Arts & Sciences (under the purview of IDPH) should take the necessary steps to comply with Iowa Code Section [157.11](#) relating to salon inspections or should seek repeal of the Code sections.

157.11 Salon licenses.

A salon shall not operate unless the owner has obtained a license issued by the department. The owner shall apply to the department on forms prescribed by the board. The department shall perform a sanitary inspection of each salon biennially and may perform a sanitary inspection of a salon prior to the issuance of a license. An inspection of a salon shall also be conducted upon receipt of a complaint by the department.

The application shall be accompanied by the biennial license fee determined pursuant to section 147.80. The license is valid for two years and may be renewed.

A licensed school of cosmetology arts and sciences at which students practice cosmetology arts and sciences is exempt from licensing as a salon.

Currently, inspections of salons are driven by a complaint-based system. Credible complaints are referred to the Department of Inspections and Appeals by the Board and investigations are conducted. The Board of Cosmetology Arts and Sciences voted on August 15, 2013 to codify this practice in lieu of repeal.

Division IV Mortuary Science Inspections

A [Report of Recommendations to the Iowa Department of Public Health](#) was published by the Office of the State Auditor on August 14, 2013. Page 10 of the report recommends that the Iowa Board of Mortuary Science (under the purview of IDPH) should take the necessary steps to comply with Iowa Code Section [156.10](#) relating to inspections of funeral homes and crematoriums or should seek repeal of the Code section.

156.10 Inspection.

1. The director of public health shall inspect all places where dead human bodies are prepared or held for burial, entombment, or cremation, and shall adopt and enforce such rules and regulations in connection with the inspection as shall be necessary for the preservation of the public health.
2. The Iowa department of public health shall assess an inspection fee for an inspection of a place where dead human bodies are prepared for burial or cremation. The fee shall be determined by the department by rule.

Currently, inspections of funeral homes and crematoriums are driven by a complaint-based system. Credible complaints are referred to the Department of Inspections and Appeals by the Board and investigations are conducted. The Board of Mortuary Science voted on June 13, 2013 to codify this practice in lieu of repeal.

Division V Barbershop Licensees and Inspections

A [Report of Recommendations to the Iowa Department of Public Health](#) was published by the Office of the State Auditor on August 14, 2013. Page 10 of the report recommends that IDPH should take the necessary steps to comply with Iowa Code Sections 157.11 and 156.10 relating to inspections by the Boards of Cosmetology Arts & Sciences and the Board of Mortuary Sciences.

Currently, inspections of barbershops are driven by a complaint-based system. Credible complaints are referred to the Department of Inspections and Appeals by the Board and investigations are conducted. The Iowa Board of Barbering was not specified in the Auditor's report however in light of it and after analysis of their own, similar process, board members voted on July 23, 2013 to seek the proposed amendment to Iowa Code Section [158.9](#) to codify their current practice.

158.9 Barbershop licenses.

A barbershop shall not operate unless the owner has obtained a license issued by the department. The owner shall apply to the department on forms prescribed by the board. The department shall perform a sanitary inspection of each barbershop biennially and may perform a sanitary inspection of a barbershop prior to the issuance of a license. An inspection of a barbershop shall also be conducted upon receipt of a complaint by the department. The application shall be accompanied by the biennial license fee determined pursuant to section 147.80. The license is valid for two years and may be renewed. A licensed barber school at which students practice barbering is exempt from licensing as a barbershop.

SENATE/HOUSE FILE _____
BY (PROPOSED DEPARTMENT OF
PUBLIC HEALTH BILL)

A BILL FOR

1 An Act relating to the Iowa health information network.
2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

DRAFT

1 Section 1. Section 135.154, Code 2014, is amended by adding
2 the following new subsections:

3 NEW SUBSECTION. 3A. "*Care coordination*" means the
4 management of all aspects of a patient's care to improve health
5 care quality, patient outcomes, and patient safety.

6 NEW SUBSECTION. 19A. "*Public health activities*" means
7 actions taken by a participant in its capacity as a public
8 health authority under the Health Insurance Portability and
9 Accountability Act or as required or permitted by other federal
10 or state law.

11 NEW SUBSECTION. 23. "*Record locator service*" means the
12 functionality of the Iowa health information network that
13 queries data sources to locate and identify potential patient
14 records.

15 Sec. 2. Section 135.156E, subsection 13, Code 2014, is
16 amended to read as follows:

17 13. Unless otherwise provided in this division, when ~~using~~
18 sharing health information through the Iowa health information
19 network or a private health information network maintained
20 in this state that complies with the privacy and security
21 requirements of this chapter for the purposes of patient
22 treatment, ~~a health care professional or a hospital~~ payment
23 or health care operations, as such terms are defined in the
24 Health Insurance Portability and Accountability Act, or for
25 the purposes of public health activities or care coordination,
26 a participant authorized by the department to use the record
27 locator service is exempt from any other state law that is
28 more restrictive than the Health Insurance Portability and
29 Accountability Act that would otherwise prevent or hinder the
30 exchange of patient information by the ~~patient's health care~~
31 professional or hospital participant.

32 EXPLANATION

33 The inclusion of this explanation does not constitute agreement with
34 the explanation's substance by the members of the general assembly.

35 This bill amends a provision exempting health care

1 professionals and hospitals from state laws more restrictive
2 than the federal Health Insurance Portability and
3 Accountability Act (HIPAA) that would prevent or hinder the
4 exchange of patient information by the health care professional
5 or hospital when using the Iowa health information network
6 (IHIN) or a private health information network that complies
7 with the privacy and security requirements for the IHIN,
8 for the purposes of patient treatment. The bill continues
9 to limit the exemption to the sharing of health information
10 through the IHIN or private network, but adds payment and
11 health care operations (as defined in HIPAA) and public health
12 activities and care coordination to the purposes allowed for
13 such exemption, and substitutes participants authorized to
14 use the record locator service under the IHIN for health care
15 professionals and hospitals as the persons exempted. The terms
16 "care coordination", "public health activities", and "record
17 locator service" are defined in the bill.

DRAFT