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AGENDA
IOWA STATE BOARD OF HEALTH
MARCH 13, 2013 – 10:00 A.M.
5TH FLOOR SOUTH CONFERENCE ROOMS #517-518
LUCAS STATE OFFICE BUILDING
321 EAST 12TH 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 January 9, 2013 Minutes

A motion was made to approve the January 9th minutes by Jay Hansen and seconded by Ted George. Motion carried.

II. Rules

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

1. Adopted and Filed

a) Chapter 4, “Center for Congenital and Inherited Disorders”

The amendments describe the responsibilities of the state genetics coordinators; add a heading for the Congenital and Inherited Disorders Advisory Committee and incorporate the Committee's current bylaws into the rules; update definitions; update acronyms; rename the Neonatal Metabolic Screening Program to reflect the broader scope of testing available; increase the newborn screening fee due to a recently approved addition to the newborn screening panel; and eliminate the requirement that a sliding fee scale be used for the billing of services provided through the Regional Genetics Consultation Services and the Neuromuscular and Related Diseases clinics. Finally, the amendments seek to clarify services provided through congenital and inherited disorders programs.

A motion was made to accept the amendment by Maggie Tinsman and seconded by Diane Thomas. Motion carried.

2. Notice of Intended Action

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

The proposed amendment provides an exemption for health care providers and hospitals from reporting communicable and infectious disease lab 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. Healthcare providers and hospitals that do not perform their own laboratory tests which yield reportable disease results will benefit from this rule change in that they 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 they 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 lab facility. If a hospital performs the lab work, it should comply with the Meaningful Use objective and report. However, if the hospital does not perform the work and the performing laboratory reports results both back to the facility, which it would naturally, and to the department, which it should 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.

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). The proposed amendments for the Iowa ADAP provide updated and consistent language, an expansion of program definitions, and a clear delineation between program components.

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. The proposed amendment eliminates a requirement that the funds be awarded competitively which will remove barriers that local applicants currently experience and improve the accessibility to receive 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 this amendment to the Director of Public Health.

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

1. Adopted and Filed

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

The amendment clarifies which health care workers are subject to the tuberculosis screening requirements outlines in chapter 481 – 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 Leading Age Iowa regarding TB screening of volunteers who work in health care facilities.

A motion to approve the amendment was made by Kenneth Wayne and seconded by Karen Woltman.

b) Chapter 57, “Residential Care Facilities,” Chapter 58, “Nursing Facilities,” Chapter 62, “Residential Care Facilities for Persons with mental Illness (RCF/PMI),” Chapter 63, “Residential Care Facilities for the Mentally Retarded,” and Chapter 65, “Intermediate Care Facilities for Persons with Mental Illness (ICF/PMI)”

The adopted amendments make technical changes to correspond to the adoption of 281-Chapter 59, “Tuberculosis (TB) Screening,” Chapter 59 outlines requirements and procedures to conduct tuberculosis screenings for health care workers and residents of Iowa-licensed health care facilities, including the screening process to be used, the risk classifications, and who may conduct TB screenings.

A motion to approve the amendment was made by Kenneth Wayne and seconded by Karen Woltman.

2. Notice of Intended Action

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

The proposed amendment clarifies which health care workers are subject to the tuberculosis screening requirements outlined in chapter 481 – 59, as well as those individuals who are exempt from the screening requirements. The proposed 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.

III. Substance Abuse

- A. Report from Substance Abuse/Problem Gambling Treatment Program Committee – Jay Hansen
- 1 – 270 day license, 4 – 1 and 3 year licenses, and 1 deemed status accreditation in the meeting this morning. Kathy Stone discussed changes in definitions that are being discussed for Chapter 155. The Committee also discussed the legislation that would change substance abuse workforce from credentialed to being licensed.

IV. Department Reports

- A. Director's Information - Director Miller-Meeks
- Iowa moved up from 16th to 9th in 2012 in the Gallup-Healthways national rankings. With the work over the past 18 months of the Iowa Healthiest State Initiative, Wellmark Blue Zones, and the Community Transformation Grant, we have moved up in the rankings rather quickly. The county health rankings will be coming out soon.
- The Governor's Budget recommends \$2 million for physician loan repayment and funding for residencies in rural Iowa. There is an obvious shortage of psychologists in rural Iowa.
- Sequestration has been in the news a lot lately. We will not be turning away children from being immunized. We have absorbed most of the cuts and will not be cutting any direct services.
- The Board of Nursing has been going through some changes with their Director. You may have seen this in the Des Moines Register. The Nursing Board will find a new Director soon.
- B. State Hygienic Lab Annual Report – Chris Atchison
- Chris Atchison handed out the 2012 Annual Report from the State Hygienic Lab. Electronically slides were sent out to the Board members on the phone. The State Hygienic Lab has been a relationship with the Iowa Department Public Health and the University of Iowa for around 100 years. The SHL does many tests for other Iowa Departments as well.
- Being at a University, information and research are an emphasis in the SHL as well. Because of the location, there is a lot of opportunity for collaboration to increase funding of the lab.
- Much of our work is seasonal. Obviously, not many water samples are being collected in the winter. Another example is Pertussis, which is a periodic event of high testing.
- This year is the 50th anniversary of the newborn screening panel. This is a program that originally tested for 10 different conditions, and now we can identify over 50 conditions. These are generally rare diseases, but cause drastic problems. Many of the diseases once identified can have life saving measures given.

Dr. Miller-Meeks is sitting on the SHL Board of External Advisors. We have a great group of people from the Environmental Health, Department of Inspections and Appeals, and people throughout the state. The Board's goal is to continue to improve what the SHL can do.

The SHL lab funding is always a mystery, just like the Department. About 25% of our funding comes from federal grants. We have a request for higher funding into the Iowa Legislature this year to maintain the Lab.

C. Staff Reports

1. Iowa Health Update – Dr. Quinlisk

Dr. Quinlisk handed out many handouts. She discussed CRE, which was in the news recently. We have been monitoring CRE. The CDC has identified this as an issue, mainly due to the antibiotic resistant bacteria. We do not know how much CRE is in Iowa, since it is not a reportable disease. The SHL has confirmed five in Iowa. It seems to be occurring primarily in healthcare facilities.

A norovirus handout was given out. We hear about 1 outbreak a day, which is probably lower than the actual number. The biggest issue with norovirus is there are no vaccines or antibiotics to treat, good hygiene is the only cure. Hand gels do not prevent anything. Soap and water only! Hopefully the nicer weather will lower the number of outbreaks!

Dr. Quinlisk handed out a sheet on influenza. All handouts are on the website. Influenza in Iowa is going down.

V. Old Business

VI. New Business

A. District Boards of Health – Joy Harris

We have had two counties (Appanoose and Wayne) approach the Department about forming a District Board of Health. Joy Harris is here to discuss what the Board of Health's responsibilities are with the formation of the District Board of Health. The final application should be in front of you at the July meeting. All handouts had previously been emailed to all Board members. The flowchart sent to all members is a great summary for Board members to use come the July meeting. The application for the Counties is about 17 pages.

B. Legislative Update – Michael Bousselot and Deborah Thompson

Michael Bousselot advises the Governor on tax and healthcare policy. The Governor has made systemic healthcare policy a priority this session. In the Condition of the State Address, Governor Branstad proposed \$2 million residency funding in critical areas for emergency medicine, psychiatric, and OB/GYN physicians. Rural physician loan repayment in underserved areas has also been proposed for 20 doctors every year. The physicians would have a time commitment requirement to serve in these areas.

The Governor has proposed the Healthy Iowa Plan, his alternative to Medicaid Expansion. The Plan would allow for coverage of 19-64 year olds below the federal poverty level. Our estimate of enrollees is around 89,000 participants in the Healthy Iowa Plan. Inpatient and outpatient care, prescription drug care, emergency transportation, and mental health care will be covered by the plan through Accountable Care Organizations that reward quality care. This plan is sustainable and fits into the 2 year and 5 year budget. To the governor, this is not politics, it is a math equation. In 10 years, the entire Iowa budget will be purely spent on entitlements at the rate we are going. The Healthy Iowa Plan incorporates personal responsibility by including copays, which can be waived if participants take annual risk assessments.

The Healthy Iowa Plan requires a waiver from HHS. This plan would be at our traditional matching rate with the Federal Government (58 federal: 42 state). Medicaid used to be 60:40, but has decreased. This plan, alternatively to Medicaid expansion, allows for more funding from the state, which is far more stable than the federal budget. This is an Iowa plan built for Iowans.

Deborah is the Policy Liaison for the Iowa Department of Public Health. Deborah handed out documents on the IDPH budget with budget targets of all chambers and the Governor's recommendation listed.

Deborah sent out the Bill Tracker and highlighted the more important bills. The document is broken down by division of the Department.

VII. Next Meeting

The next State Board of Health meeting will be held on May 8, 2013.

VIII. Adjournment

A motion was made by Diane Thomas to adjourn the meeting and was seconded by Jay Hansen. Motion carried.

“NOTE: All Board members should plan to attend the Iowa Preventive Health & Health Services (PHHS) Block Grant State Advisory Committee Meeting immediately following this meeting.”

All meetings held by the Iowa Department of Public Health are accessible to everyone. If you have special needs to participate, please call deaf Relay (Hearing or Speech Impaired) 1-800-735-2941; Internet: www.idph.state.ia.us