

## MINUTES

IOWA STATE BOARD OF HEALTH  
JANUARY 12, 2011, 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

### CALL TO ORDER

Cheryll Jones called the meeting to order.

A motion was made by Justine Morton and seconded by Elizabeth Kressin to amend the agenda and move Christopher Atchison's report on the *State Hygienic Laboratory (SHL)* prior to the *Rules*. Motion approved by Jay Hansen, Cheryll Jones, Elizabeth Kressin, Hattie Middleton, Justine Morton, Maggie Tinsman, Rowe Winecoff, and Michael Wolnerman.

### ROLL CALL

**Members Present:**

Cheryll Jones, Chair  
Elizabeth Kressin  
Gregory Garvin  
Hattie Middleton  
Jay Hansen  
Justine Morton, Vice-Chair  
Maggie Tinsman  
Michael Wolnerman  
Rowe Winecoff

**Members Absent:**

Donald Skinner

**Other Attendees:**

Heather Adams, Assistant Attorney General  
Tom Newton, Secretary  
Ramona Cooper, Recording Secretary

### I. Minutes

A motion was made by Rowe Winecoff and seconded by Maggie Tinsman to approve the November 10, 2010 Board of Health minutes approved by Cheryll Jones, Elizabeth Kressin, Hattie Middleton, Jay Hansen, Justine Morton, Maggie Tinsman, Michael Wolnerman and Rowe Winecoff.

A motion was made by Justine Morton and seconded by Elizabeth Kressin to amend the agenda and move Christopher Atchison's report on the *State Hygienic Laboratory (SHL)* prior to the *Rules*. Motion approved by Cheryll Jones, Elizabeth Kressin, Hattie Middleton, Jay Hansen, Justine Morton, Maggie Tinsman, Michael Wolnerman and Rowe Winecoff.

### II. New Business

#### A. State Hygienic Laboratory (SHL) Report – Christopher Atchison

Christopher Atchison was joined by Kelly Todd from SHL and Amy Kelly and Jordan Estes from CDC.

Director Atchison provided three handouts 1) State Hygienic Laboratory Presentation to the State Board of Health January 12, 2011, 2) Here's to the Class of 2010, and 3) State Hygienic Laboratory at the University of Iowa The Next Era.

Director Atchison reported that Iowa is one of two states in which the state's public health laboratory is statutorily established at a state university rather than within the state health department the Iowa Department of Public Health (IDPH). It's imperative that the SHL develop a working relationship with the IDPH and other partners as well as the Board of Health whose fundamental responsibility is rule setting and establishing policy for public health.

The SHL was established in 1904. At the same time, laboratory sciences were being developed as part of a hygienic movement. Medical schools, for the first time, considered laboratories as an essential part of their academic mix. The University of Iowa developed a laboratory system and is one of the leading medical schools in the country. The SHL was constructed to provide both public health and environmental support to state and local agencies and is considered a central laboratory resource for state government.

The SHL sits within the office of the Vice President for research at the University of Iowa but is not considered part of the University. Within the SHL there are three major divisions 1) administrative activities, 2) disease control, and 3) environmental protection.

The majority of the SHL's work is infectious disease. Director Atchison emphasized the need for the lab to be maintained at a fundamentally practical level throughout the year as illustrated by the 2009 H1N1 pandemic. SHL had just closed the books on the regular flu season and were setting up for vector borne diseases when H1N1 first surfaced in April 2009.

Under state statute, tests of public health significance are to be provided at no charge to the IDPH. Director Atchison, in conjunction with IDPH Director Newton and Dr. Quinlisk, IDPH Medical Director, worked together to identify diseases they would be tested at no charge. The diseases included syphilis, pertussis, tuberculosis, ovum and parasite, and enteric serotype. Testing for these diseases was approved by the Board of Regents. As a result, in 2010, the SHL provided over 152,000 infectious disease tests, of which approximately 9% of those were done at no charge to the individuals receiving that test.

The SHL also conducts screening for newborn babies. In 2006, the SHL tested for 28 potential conditions, currently the SHL is testing for 48. Iowa also does testing for the states of North Dakota, South Dakota, and Louisiana (for two years following Katrina).

In addition, the SHL also works with the Department of Natural Resources as well as the Food and Drug Administration to determine environmental trends.

The SHL is growing beyond testing, that is normally associated with it, and is becoming a resource for the state. Because the SHL is on a university campus they need to share in the university's broader mission to ensure that there is a workforce available in the future to maintain adequate levels of disease detection. The SHL is currently making an aggressive effort to reach out to other colleges, universities, and the CDC to recruit

laboratorians for internship, fellowships, and practicum in order to try to attract students into the science field by giving them a hands-on exposure to the laboratory.

The SHL does receive state appropriations and have been subject to the same fiscal reductions that other state agencies face. The state appropriations are only a small part of the SHL funding stream.

The SHL serves the entire state with facilities in Coralville, Ankeny at the DMACC campus, and at a Board of Regents' facility on West Okoboji in Milford, IA.

Christopher Atchison invited the Board of Health to host a future meeting at the new SHL facility in Coralville.

### III. Rules

#### A. Department of Public Health [641]—Barb Nervig Adopted and Filed

##### a) **Chapter 92, “Iowa Fatality Review Committee”**

The rules in Chapter 92 describe the formation of and protocol for the Iowa fatality review committee, an ad hoc committee appointed on a case-by-case basis to determine whether the Department of Human Services and others involved with a case of child abuse resulting in the death of a child responded appropriately. These amendments place the responsibility for this committee in the State Medical Examiner's office. No public comments were received and no changes were made from the Noticed version. A motion was made by Rowe Winecoff and seconded by Maggie Tinsman to adopt and file the amendments to Chapter 92. Motion approved by Cheryll Jones, Elizabeth Kressin, Hattie Middleton, Jay Hansen, Justine Morton, Maggie Tinsman, Michael Wolnerman and Rowe Winecoff.

##### b) **Chapter 130, “Emergency Medical Services Advisory Council”**

The rules in Chapter 130 describe the purpose, membership, appointment process, officers, and meeting procedures for the Emergency Medical Services Advisory Council. These amendments add representatives to the Council. No public comments were received and no changes were made from the Noticed version. A motion was made by Justine Morton and seconded by Maggie Tinsman to adopt and file the amendments to Chapter 7. Motion approved by Cheryll Jones, Elizabeth Kressin, Hattie Middleton, Jay Hansen, Justine Morton, Maggie Tinsman, Michael Wolnerman and Rowe Winecoff.

##### c) **Chapter 132, “Emergency Medical Service—Service Program Authorization”**

The rules in Chapter 132 describe the standards for the authorization of EMS services. These amendments remove references to basic care. No public comments were received and no changes were made from the Noticed version. A motion was made by Justine Morton and seconded

by Maggie Tinsman to adopt and file the amendments to Chapter 7. Motion approved by Cheryll Jones, Elizabeth Kressin, Hattie Middleton, Jay Hansen, Justine Morton, Maggie Tinsman, Michael Wolnerman and Rowe Winecoff.

- d) **Chapter 143, “Automated External Defibrillator Grant Program”**  
The rules in Chapter 143 describe the automated external defibrillator (AED) grant program, which provides funds for eligible organizations seeking to implement an early defibrillator program and the standards for maintenance of an AED device in accordance with Iowa Code section 613.17(2b). These amendments provide authorization for local fire departments with AEDs to respond to cardiac arrest events in their communities. No public comments were received and no changes were made from the Noticed version. A motion was made by Rowe Winecoff and seconded by Maggie Tinsman to adopt and file the amendments to Chapter 7. Motion approved by Cheryll Jones, Elizabeth Kressin, Hattie Middleton, Jay Hansen, Justine Morton, Maggie Tinsman, Michael Wolnerman and Rowe Winecoff.

2. **Notice of Intended Action**

- a) **Chapter 131, “Emergency medical Services Provider Education/Training/Certification”**

The rules in Chapter 131 describe the standards for the education, training, and certification of emergency medical providers and establish a standard of conduct for training programs, students, and providers. This rewrite of the chapter incorporates new levels of emergency medical care providers and requires accreditation for training programs conducting paramedic courses. This aligns Iowa with national provider levels, simplifies the number of levels of EMS providers and ensures that paramedics are trained to nationally recognized standards.

Note: Gregory Garvin joined the meeting at 10:44 AM.

- b) **Chapter 132, “Emergency Medical Service—Service Program Authorization” 136, “Trauma Registry”**

The rules in Chapter 132 describe the standards for the authorization of EMS services. The rules in Chapter 136 describe the trauma registry procedures and policies. These proposed amendments require ambulance services to submit reportable patient data electronically. Currently only 10 of Iowa’s 460 transporting ambulance services are reporting by paper.

- c) **Chapter 134, “Trauma Care Facility Categorization and Verification”**

The rules in Chapter 134 describe the standards for the verification of trauma care facilities. These proposed amendments update the categorization criteria for Iowa’s 118 hospitals. For Level I hospitals, this

will align the rules with the National Criteria that are already being used. For Level II and III hospitals, the criteria will be less restrictive. For Level IV hospitals, there will be no change.

#### **IV. Substance Abuse**

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

Jay Hansen reported that the committee met this morning with all committee members in attendance as well as a number of IDPH staff. During their meeting, committee members issued two comprehensive licenses, one for one year and one for three years. They also issued one *Deemed Status* license and processed two complaints. One complaint was determined to be unfounded. On the second complaint, the committee voted to direct the department to initiate an investigation.

#### **V. Department Reports**

##### **A. Director's Information – Tom Newton**

Director Newton thanked everyone for braving the weather today.

Director Newton shared a one-page handout on the budget with Board members. This document has now been provided to the board for approximately one year; allowing the Board to track the changes in our federal and fee accounts. The current document is reflective of the IDPH budget effective January 1, 2011 and does not reflect any reductions received last week. Because of the \$84M cut, the departments share is \$4.1 to \$4.2 million. We originally worked with the Department of Management (DOM) in submitting our budget to Governor Culver's office. We will need to adjust our budget to include the budget cuts, as well as any adjustments after the incoming administration releases their budget at the end of January. We continue to work with the DOM to finalize our budget. The numbers shown here do not reflect this. Once the budget for 2012 is released, we will share it with the board.

The Board decided that they would like to draft a letter to the Governor, Lieutenant Governor, and Members of the General Assembly; outlining the priorities of the board. Once it has been written, Ramona will establish an electronic meeting for the Board to discuss.

Director Newton shared that he has met with Dr. Miller-Meeks and shared departmental information to help transition her into the role of Public Health Director. Dr. Miller-Meeks is very interested and already has expressed a passion for the work that public health does. Additionally, Mary Jones has met with Dr. Miller-Meeks to orient her to the department, sharing our legislative agenda, and things we are doing from a budgetary standpoint as it relates to our submission of the fiscal year 2012 budget and our current reductions. Our goal is to provide her a better understanding of the mission of IDPH and the current environment of the public health system.

Additionally, she has been meeting with stakeholders across the state to better understand the challenges they face at the local level. It is encouraging that she is actively seeking input from partners with the department to understand their role in the

public health system. Director Newton is confident that Dr. Miller-Meeks is inheriting a department that traditionally has been well run and is in a good condition despite budgetary challenges. The relationships that we've build with stakeholders are very strong, and she will be able build upon those relationships.

Director Newton expressed to the Board that it has been great working with them. We've been able to accomplish a great deal in public health in light of tough budgetary times. We've faced massive flooding, a world-wide pandemic, and have made great changes over the last several years. Without the help of the Board and the great employees of this department, these strides would not have happened. Director Newton is very proud of the work the department has done and its employees. He is looking forward to the future and trying his hand at something else.

Cheryll Jones expressed her gratitude to Director Newton for the leadership he has provided IDPH.

Maggie Tinsman shared she was sorry to see Director Newton leaving the department. She has appreciated his leadership and his ability to maintain open communications with legislators, Board members, etc. Because of his leadership, the State of Iowa is now known for having a quality public health department.

## **B. Staff Reports**

### **1. Iowa Health Update – Dr. Quinlisk**

Dr. Quinlisk shared that we are experiencing a typical influenza season this year. There were a few reportable cases in December but since the holidays are over and the children are back in school we've seen the activity pick up. During the past two weeks in our sentinel reporting hospitals, which is a subset of all hospitals in Iowa, the hospitalization rate has doubled and the activity in the schools has increased. We are still seeing all three flu strains in Iowa. The A(H3) strain has hit seniors very hard and we are starting to hear reports of long term care facilities being hit with influenza even though they are doing a good job of getting their staff and residents vaccinated. Iowa has also been seeing a B type of flu, which seems to be a milder strain of flu and has been hitting all age groups. The good news is that all of the strains of flu seem to be a good match for the vaccine. CDC continues to watch for antiviral resistance but hasn't found it in any of the strains. The supply of vaccine is quite robust and Dr. Quinlisk has not heard of any problems in finding the vaccine. This flu season approximately 160M doses of flu vaccine are available. They are encouraging people, if they haven't already done so, to receive the flu vaccine as they are anticipating wide spread flu activity later this month. The health care professionals here in the state of Iowa are more highly vaccinated than most other states.

Also, pertussis is on the rise and we've seen a 66% increase in pertussis cases this last year versus what we saw the previous year. We've started providing a pertussis report similar to what we currently do for influenza. We anticipate

that our numbers will continue to rise over the next year and as we have a large group of kids getting sick. The primary problem with the pertussis vaccine is that most adults have no protection against pertussis. Their immunity from the childhood vaccine has waned and most adults in Iowa have not received the adult tetanus booster that contains the pertussis component (substantially under 10%). Another issue is that vaccination of children is waning when they get to be 15 or 16 years of age and they have not received the booster that is being recommended for adolescents.

The board requested that the department continue to push the importance of pertussis and influenza immunization.

Dr. Quinlisk shared that the department has started receiving information from the Fusion Center in an attempt to improve communication between law enforcement personnel as well as the department. Recently we received information on explosive packages sent to government agencies as well as information that some retail outlets are selling bath salts, which youths have been snorting and receiving a high similar to ecstasy. Previously we received information about K2 being sold as incense and we had a young Iowan die as a result.

Bed bugs continue to be an issue in Iowa. Fortunately, bed bugs do not transmit disease but are resistant to insecticide. We receive complaint calls from tenants in apartment buildings and we encourage them to talk to their landlords. If they want to file a complaint, we direct them to the Department of Inspections and Appeals. We do try to work with the landlords and provide them correct information about bed bugs. This information is available on our website. They tend to be more of a nuisance rather than a public health issue.

## **2. Update on Fluoroscopy Law Suit – Heather Adams**

Heather shared that in January two physician groups challenged the rule adopted by the Board of Health regarding fluoroscopy. The associations are seeking a court order showing the Board of Health and the Board of Nursing exceeded statutory authority in adopting this rule. The court heard initial arguments and requested a “stay to the rules” pending a full hearing on the merits. A full hearing has been scheduled for June 1.

Heather will provide another update during the July meeting.

## **VI. Old Business**

### **A. Chapter 9 – Heather Adams**

Chapter 9 addresses the diabetes rules. The Board requested Heather provide additional research concerning adding providers other than physicians. We are still waiting additional information from the two national associations.

## VII. New Business

### A. Review of Meeting with Carmine Boal – Cheryll Jones

Cheryll Jones reported that she contacted Carmine Boal, who serves on the new administration's transition staff for Governor-elect Branstad, to discuss the role of the State Board of Health and other important issues within public health. Cheryll shared the legislation adopted last year on the role of State Board of Health and the information about the members of the Board. Carmine Boal was very interested in the information shared by Cheryll. Cheryll will follow-up with her to see if the health policy person has been identified. Cheryll will also ask for the Governor's priorities for public health.

Cheryll shared that she met with Dr. Miller-Meeks, the newly appointed director of IDPH. Cheryll met with her about the role of public health, the Board of Health, and shared information with her about the department. Dr. Miller-Meeks is looking forward to meeting the board in March.

### B. Substance Abuse – Kathy Stone and Jay Hansen

Kathy Stone, director, Division of Behavioral Health, provided the board with trend and policy level information, as promised following establishment of the Substance Abuse/Problem Gambling Treatment Program Committee to handle routine licensure-related responsibilities.

Kathy provided an overview of how substance abuse services are funded and provided throughout the state. She also referenced potential State legislation to transform the mental health system that could affect substance abuse services as well as the department and the board. Senator Hatch has drafted a bill to establish a **mental health authority**, similar to the Iowa Medicaid authority, as an oversight authority for all mental health policy and services. That initial bill would establish the mental health authority under IDPH. IDPH is currently Iowa's substance abuse authority while the Department of Human Services oversees most mental health services through its Mental Health and Disability Services Division.

Each year, DHS/Medicaid spends about \$136M dollars through the Iowa Plan. Of that total, \$16.9M (12.4%) funds substance abuse treatment for around 8,700 enrollees. Any licensed substance abuse treatment program may contract with Magellan, the Iowa Plan managed care organization, to provide substance abuse treatment to Medicaid enrollees. Magellan manages inpatient and residential levels of care and receives an administrative fee of 12.5% for Medicaid-related activities. Providers submit claims to Magellan for reimbursement on a fee-for-service basis.

Each year, about \$23.3M in IDPH funding -- \$14.5M in State appropriations and \$8.8M from the federal block grant -- supports treatment for 17,000 Iowans without Medicaid or insurance or other resources to pay for treatment. Providers are selected through a competitive RFP process. Currently, 22 licensed treatment programs provide IDPH-funded substance abuse treatment to residents of all 99 counties. Providers self-manage all levels of care. Magellan conducts a retrospective review of a sample of each

provider's clinical records. Magellan receives an administrative fee of 2.9% for IDPH-related activities. Providers are paid monthly 1/12<sup>th</sup> disbursements of annual capitated contracts. Each provider's total annual funding is determined by the minimum number of clients they are contractually obligated to serve multiplied by the projected services those clients will need. Many providers serve more than the required number of clients each year. Generally, these same providers also provide IDPH-funded substance abuse prevention and problem gambling prevention and treatment.

The federal SAPT block grant contains a *maintenance of effort* (MOE) requirement related to state funding. Each year, states are required to expend the equivalent of the average of the previous two years of State funding. If a state does not meet the MOE requirement, the block grant can be reduced dollar for dollar of the shortfall. Iowa is approximately \$1M short of the MOE requirement. IDPH requested an MOE waiver December 1, 2010, as allowed by the block grant regulations. States are generally granted the waiver when the shortfall is due to "extraordinary economic conditions" -- reduced tax revenues, decreased employment, and increased unemployment. Iowa met all three conditions. The determination on granting the waiver is made within 120 days of the request.

As the mental health transformation is considered, it would be useful to look at how IDPH-funded substance abuse services are organized. One of the goals for mental health is to establish a standardized set of covered services statewide. That currently exists in the substance abuse system, based on the nationally accepted ASAM (American Society of Addiction Medicine) criteria. Service delivery is organized into geographic service areas to assure access statewide. Reimbursement rates have been standardized and services are reported and tracked through a web-based data system.

Kathy also discussed the on-going addictions system transition, initiated following 2008 Iowa legislation, to pull together the three historically separate problem gambling prevention and treatment, substance abuse prevention, and substance abuse treatment service systems. A recovery-oriented system-of-care model is being used to support overall system efficiency and provider leadership in assuring services to local communities.

Kathy will continue to bring policy level issues to the Board, as requested.

### **C. Review of the Public Health Standards – Joy Harris**

Joy shared three handouts with the Board 1) Report on Prevent Epidemics to the State Board of Health, 2) Report on Environmental Hazard Standards to the State Board of Health, and 3) Report on Workforce to State Board of Health.

#### **1. Prevent Epidemics and the Spread of Disease**

- *PE1 Provide and maintain a surveillance system to gather information about common, rare, and environmental diseases, including disease outbreaks.*

The Iowa Department of Public Health uses an online surveillance system known as IDSS (Iowa Disease Surveillance System). The surveillance system can be accessed by laboratory staff, infection

prevention specialists, local public health department users, and the Iowa Department of Public Health 24/7/ 365 days a year. Information is entered into the system about an individual presenting with an illness. The system allows for contact tracing, record of treatment, and complete case investigation. Through use of the system IDPH is also able to detect potential outbreaks.

- *PE2 Provide and maintain a comprehensive reportable disease follow-up and disease outbreak investigation system that incorporates epidemiology, environmental, and laboratory functions.*

CADE has a set of standard operating procedures that outline the role of the state health department, local public health departments, and the state laboratory in the event of a disease outbreak. The Epi Manual and a foodborne illness manual have also been developed.

- *PE3 Provide and maintain measures to prevent and control the spread of infectious, communicable, and environmental diseases.*

Activity under this standard includes making available fact sheets on reportable diseases in Iowa available in not only English, but also in Spanish, and other languages as needed. Staff from CADE are also able to distribute messages in the event of an emergency through the department's Health Alert Network (HAN).

## **2. Protect Against Environmental Hazards**

- *EH1 Provide comprehensive environmental health services.*

Environmental health programming at the state level is fragmented. Some programs, like onsite waste water and air quality, are in the Iowa Department of Natural Resources, food safety inspections are at the Iowa Department of Inspections and Appeals. The Iowa Department of Public Health has programs in swimming pools and spas, tattoo parlors, tanning salons, radiological health, lead poisoning prevention, and reportable environmental and occupational diseases poisonings, and conditions.

- *EH2 Monitor for environmental health risks and illnesses.*

IDPH determines what data is submitted to the department by local health departments who deliver environmental health programs through contracts with IDPH. The majority of this reporting is done on paper. The Iowa Public Health Standards call for web-based databases to be developed so that reporting could be done electronically, and so that Iowans would have access to inspection information about the swimming pools, tattoo parlors, and tanning salons they visit

- *EH3 Enforce environmental health rules and regulations.*

The Division of Environmental Health enforces a variety of public health laws. For example, IDPH enforces laws regarding the process for assuring safe milk through the Grade A milk program, the mammography program does inspections to assure that Iowa mammography programs follow Food and Drug Administration (FDA ) requirements, and laws regarding safe lead abatement practices are enforced through the Bureau of Lead Poisoning and Prevention.

- *EH4 Assure a competent environmental health workforce.*  
The Bureau of Environmental Health Services holds an annual new sanitarian training each spring to provide training for those individuals new to the field. In order to assist with continuing education needs quarterly conference calls are held to provide regular updates to local environmental health practitioners. Finally, each year the bureau conducts regional meetings to provide in person training and discussion about environmental health topics.

### **3. Workforce**

- *WK 1 Assure a qualified public health workforce.*  
The Bureau of Professional Licensure plays a key role in assuring a qualified public health workforce – the bureau supports licensing through 19 boards with 39 separate licenses. In a year they issue approximately 48,000 licenses. Currently those individuals licensed by the bureau are able to renew their license on line. The bureau is excited to report that they are in the very early stages of development for an online system that would allow online processing for new applicants, those reactivating their licenses, complaints, and disciplinary action. Any hard copy paperwork would be scanned in allowing all the information regarding a professional to be in one place. It is anticipated that the new system would be in place within 2 years.
- *Wk 2 Assure an adequate public health workforce.*  
IDPH is supposed to do a regular survey (every 5 years) to determine whether the IDPH workforce is adequate to effectively provide technical assistance, consultation, and resource referral for local public health and the public; maintain organizational capacity; and assure the provision of public health services.
- *Wk 3 Assure a competent public health workforce.*  
The Bureau of Professional Licensure has an important role to play in protecting the health of Iowans by assuring a competent public health workforce. The Bureau is assisted in investigation of licensees by 3.5 investigators in the Department of Inspections and Appeals. The bureau works with seven different lawyers from the attorney general’s office as well.

The Board asked Ramona to provide them with a copy of the 2009 letter that was presented to the Governor, Lieutenant Governor, and the Members of the General Assembly. The Board determined that our priorities listed in this letter include adequate funding to ensure basic public health services for Iowans, emphasize that substance abuse and mental health cannot be separated, and to end the letter by restating the charge of the Board (to provide consultation to the Governor, Department Director and the Legislative).

The Board would also like to request that the governor’s health policy person to speak at the March meeting.

Maggie will not be at the meeting in March.

The Board requested that Representative Hatch and Representative Heaton present at a Board meeting in the future.

Action: Kathy to provide copies for the Mental Health Reorganization legislation (Mental Health Reorganization) to the Board.

**VIII. Next Meeting**

**A. Items for March 9, 2011 Agenda**

1. Review Public Health Standards – Joy Harris
2. Lead Paint Update – Environmental Health
3. Mental Health Reorganization – Kathy Stone
4. Access to Recovery – Michelle Tilotta

**IX. Adjournment**

At 1:05 P.M. a motion was made by Rowe Winecoff, seconded by Jay Hansen, to adjourn the meeting. Motion carried unanimously.

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Thomas Newton, Director  
Secretary of the Board  
Iowa Department of Public Health

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Ramona Cooper  
Recording Secretary  
Iowa Department of Public Health