

MINUTES

IOWA STATE BOARD OF HEALTH
JANUARY 13, 2010 10:00 A.M.
5TH FLOOR SOUTH CONFERENCE ROOMS #517-518
LUCAS STATE OFFICE BUILDING
321 EAST 12TH STREET, DES MOINES, IA

CALL TO ORDER

Cheryll Jones called the meeting to order.

ROLL CALL

Present:

Cheryll Jones
Elizabeth Kressin
Hattie Middleton
Heather Adams
Jay Hansen
John Stamler
Justine Morton
Maggie Tinsman
Michael Wolnerman
Rowe Winecoff

Absent:

Gregory Garvin

I. Minutes

A motion made by Rowe Winecoff and seconded by Justine Morton to amend the agenda to move **New Business** following **Rules** and before **Substance Abuse**. Motion carried unanimously.

A motion made by Maggie Tinsman and seconded by Elizabeth Kressin to approve the November 18, 2009 Board of Health minutes carried unanimously.

A motion made by Maggie Tinsman and seconded by Jay Hansen to approve the December 8, 2009 Board of Health minutes carried unanimously.

II. Rules

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

1. Adopted and Filed Emergency After Notice

- a. Chapter 69, “Renovation, Remodeling, and Repainting—Lead Hazard Notification Process”

This chapter describes a program that requires individuals who perform renovation, remodeling, or repainting of target housing for compensation to provide an approved lead hazard information pamphlet to the owner and occupant of the housing prior to commencing the work. These amendments make a number of changes to incorporate guidance issued by the Department and the federal government. In addition, the Department has made

changes to its administrative enforcement procedures; has added provisions to implement the mandates of 2009 Iowa Acts, House File 314; has changed the name of the federal pamphlet from *Protect Your Family from Lead in Your Home* to *Renovate Right* and has added definitions for *child-occupied facility*, *compensation*, *housing for the elderly*, and *person*. A motion made by Justine Morton and seconded by Maggie Tinsman to adopt and file the amendments to Chapter 69 carried unanimously.

b. [Chapter 70](#), “Lead-Based Paint Activities”

This chapter describes a program for the training and certification of lead inspectors and lead abaters. The proposed amendments make a number of changes to incorporate guidance issued by the Department and the federal government and to incorporate material that is covered in approved training programs. In addition, the Department has made changes to its administrative enforcement procedures and has added provisions to implement the mandates of 2009 Iowa Acts, House File 314. A motion made by Elizabeth Kressin and seconded by Justine Morton to adopt and file the amendments to Chapter 70 carried unanimously.

2. Adopted and Filed

a. [Chapter 41](#), “Safety Requirements for the Use of Radiation Machines and Certain Uses of Radioactive Materials”

These amendments propose changes to the rules governing the supervision of fluoroscopic procedures.

Nick Mauro, Heidi Goodman, Mary O’Brien, and Linda Goeldner requested to address the Board.

Nick Mauro, representing the Iowa Society of Anesthesiologists, addressed the board stating that this rule was not consistent with either the Boards’ mission, the Department’s mission of promoting and protecting the health of Iowans, or the actual rule being enacted. Mr. Mauro referenced a letter previously submitted to the Board by the Iowa Society of Anesthesiologists while making his comments.

Heidi Goodman, representing the Iowa Medical Society, asked the Board not to approve this rule change. IMS believes the training guidelines developed by the Board of Nursing are not adequate to perform the supervision of fluoroscopic procedures.

Mary O’Brien, representing the Iowa Association of Nurse

Anesthetists, stated that her organization had worked with the Bureau of Radiological Health and Board of Nursing and supports this rule. She went on to say that this rule is in essence the same rule that was originally proposed three years ago except that the Iowa Board of Nursing added additional training requirement.

Linda Goeldner, representing the Iowa Nurses Association (INA), stated that her organization supported the Board of Nursing's role to regulate registered nurses. INA does not think it is appropriate for physicians to decide what nursing and other professions should be doing in their practice. That should be the role of the individual professional licensing boards.

After discussion a motion made by Maggie Tinsman and seconded by Elizabeth Kressin to delay the vote on this rule until the March 10 meeting, to allow more time to review the national standards from the American College of Radiology, the state requirements of physician/non-physicians to perform/supervise fluoroscopic procedures, the rules from the State of Iowa on fluoroscopy, information on what other states have done, and the number of CRNAs currently practicing fluoroscopy prior to making a decision on Chapter 41. Motion carried unanimously.

3. 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. These proposed amendments allow a candidate to complete certification testing while being reviewed for certification, change the practical testing requirements, change the extension process for renewal, and incorporate the ability to levy civil penalties as granted in Iowa Code 272C.

b. Chapter 132, "Emergency Medical Service—Service Program Authorization"

The rules in Chapter 132 describe the standards for the authorization of EMS services. These proposed amendments remove regulations for air medical services, allow satellite services in other cities, assure the public of an ambulance response when calling 911, reference the Iowa EMS Patient Registry Data Dictionary to that currently adopted by the trauma rules, and incorporate the ability to levy civil penalties as granted in Iowa Code 272C.

- c. [Chapter 144](#), “Emergency Medical Service—Air Medical Service Program Authorization”
The rules in new Chapter 144 describe the authorization of EMS air medical services.
- d. [Chapter 170](#), “Description of Organization”
This chapter provides a description of the organization of the department which states the general course and method of its operations, the administrative subdivisions of the department and the programs implemented by each of them, a statement of the mission of the department, and the methods by which and location where the public may obtain information or make submissions or requests.
- e. [Chapter 171](#), “Petitions for Rule Making”
This chapter provides a description of the procedure for the submission, consideration and disposition of a petition for rule making. The proposed amendment strikes the reference to the 1998 Iowa Acts.
- f. [Chapter 172](#), “Declaratory Orders”
This chapter provides a description of the form, content and filing of petitions for declaratory orders, the procedural rights of person in relation to the petitions, and the disposition of the petitions. The proposed amendments strike the references to the 1998 Iowa Acts.

III. New Business

A. University Hygienic Laboratory (UHL) Report – Christopher Atchison

Christopher Atchison presented an overview of the state hygienic lab services. He shared a PowerPoint presentation an annual report from the State Hygienic Laboratory. Rick Kelly, from the Ankeny lab, attended.

This laboratory was one of the first state hygienic laboratories established in the U.S. and is 105 years old. It was established about the same time that the medical schools had laboratories as a defined part of the medical profession. Iowa was one of the nation’s leaders in the linking of laboratory practice to medicine.

They have a very broad mission. According to Chapter 681 of the code, they are to protect the health of Iowans through laboratory and field-based investigations of microbiologic, chemical, or other threats to human health. In addition they are to provide recommended methods of overcoming and preventing disease.

They work very closely with the state health department, especially Dr. Quinlisk and other department personnel that work in disease investigation. They also work with the Iowa Department of Natural

Resources, Iowa Department of Inspections and Appeals, Iowa Department of Agriculture and Land Stewardship, and federal agencies to carry out their function.

They primarily focus on service areas of disease control, environmental assessment, and newborn screening (up to 40 different conditions). Their organization consists of approximately 260 individuals and performs testing on specimens from all parts of the state.

It was extremely important that the laboratory was able to remain flexible during the 2009 H1N1 pandemic. H1N1 emerged as a novel virus; a virus that no one knew much about. As they began to understand more about the virus, it became less about testing and identifying it. When the virus was known to be widespread throughout the state, UHL began to move into other testing areas. The laboratory remained constantly vigilant on this particular disease; to ensure there was a capacity to provide a response to IDPH should we see a third wave of H1N1 in Iowa.

They have a national reputation, which Iowans benefit from while providing opportunities. Iowa and Wisconsin are the only two state public health labs that are officially/statutorily housed within a university setting. This provides an opportunity for UHL to not only provide good service but also to improve the relationship with the research community at the university. Being co-located with the university allows more time to interface with the institution and be on the front end of disease identification.

They were in the first group of laboratories in the nation to confirm salmonella in peanut butter. During, and in the months after Hurricane Katrina, UHL provided newborn screening services to the state of Louisiana.

Likewise, their environmental group responds to emergencies. They were involved in testing toys for the presence of lead. And currently they are involved in testing of certain products for cadmium.

B. Health and Long-Term Care Access Advisory Council Report – Michelle Holst

Michelle Holst informed the Board that the Health and Long-Term Care Access Advisory Council had previously given a report to the department. The department used that report to develop a strategic plan, as required by statute.

Michelle addressed the board stating their charge and overall effort. Their charge is to “develop and maintain an appropriate healthcare infrastructure and a stable, well-qualified, diverse and sustainable health care workforce”. This specific charge has three components:

- Strategic plan (due January 2010)
- Provide continual collection of data for a basis of healthcare planning and policy making

- Provide recommendations

They are charged to review/revise the strategic plan every two years. It has very broad context and there are several sub-plans required within the overall strategic plan. And this first year they focused on workforce.

The main objectives of the strategic plan they put forth to the governor and general assembly were:

- 1) Codify the Iowa Health Workforce Center as the state's coordination point to address health workforce concerns in Iowa
- 2) Loan repayment and other recruitment and retention efforts to attract and retain health and long-term care professionals to underserved areas and underserved populations.
- 3) Support educational institutions, including Area Health Education Centers.

Legislation did set forth requirements for an advisory council and what types of individuals can serve on this advisory council. This council has met nine times (2008 – 2009) and received expertise presentations from a variety of people regarding various health professions and state assessments. Another important component was to review the reports and list the recommendations already put forth by various work groups as they were developing a final recommendation.

IV. Substance Abuse

A. Licensure Recommendations – Jeff Gronstal and Cynthia Kelly

1. One-Year Comprehensive Programs

A motion made by Rowe Winecoff and seconded by Justine Morton to approve a license for a period of one year to Behavioral Health Centers of Southern Iowa, Leon, Iowa, license effective February 2, 2010 to February 2, 2011; and to Private Counseling Services, Inc., Forest City, Iowa, license effective December 17, 2009 to December 17, 2010. Motion carried unanimously.

2. 270 Day

A motion made by Maggie Tinsman and seconded by Elizabeth Kressin to approve a license for a period of 270 days for Avery Comprehensive Services, Des Moines, Iowa, license effective January 13, 2010 to October 9, 2010. Motion carried unanimously.

3. Deemed Status

A motion made by Justine Morton and seconded by Elizabeth Kressin to issue a license through deemed status to United Community Services, Inc., Des Moines, Iowa, based on the accreditation survey conducted and accreditation awarded by the Council on Accreditation of Rehabilitation Facilities effective November 30, 2009 to November 30, 2012. Motion carried unanimously.

C. Complaint Investigation

At 12:25 PM roll call was taken. With eight members present a motion was made by Elizabeth Kressin and seconded by Justine Morton that the Iowa Board of Health go into closed session pursuant to Iowa Code Section 21.5 (1) subsection “a” and “d” for the purpose of reviewing records required to be kept confidential by federal or state law and to review ongoing investigation to determine whether to initiate disciplinary proceedings.

At 12:32 a motion made by Justine Morton and seconded by John Stamler for the BOH to return to open session. Motion carried unanimously.

A motion made by Jay Hansen and seconded by Rowe Winecoff accept the Division’s report regarding complaint #BH-1111-081309, Assessment Services, Inc., Des Moines and that no further action be required and the case be closed. Motion carried unanimously.

V. Department Reports

A. Director’s Information – Tom Newton

Director Newton challenged the Board to be part of the Live Healthy Iowa (LHI) effort and promised to send an e-mail to the BOH members that included registration information. A kick-off meeting for LHI was held today in the Capitol rotunda.

Director Newton shared that the Governor’s budget will not be released until the end of January. The department has not received the details yet, but we do know that in 2011 we will not receive \$3M stimulus funding that was available in fiscal year 2010. We also know that the 10% across the board cuts most likely will be carried forward into the next fiscal year. The Governor’s office has been open to our recommendations and hopefully, the legislature will be willing to restore funding to some critical areas.

Director Newton told the Board that the Department of Management completed an appropriation transfer approximately two weeks ago. Not included in the appropriation transfer, was the funding slated for “backfilling” critical public health programs. These programs will most likely be backfilled through a supplemental appropriation during the legislative session.

Director Newton provided the Board with an update on the legislative and executive branch initiatives to reorganize state government. The legislative proposal placed several advisory councils (i.e. Brain Injury Advisory Council, Rural Health Primary Care Advisory Council, Hemophilia Advisory Council, Trauma System Advisory Council, Health Information and Technician Advisory Council, and Medical Home) under

the State BOH. The department submitted comments opposing this effort.

B. Staff Reports

1. Iowa Health Update – Dr. Patricia Quinlisk

Dr. Quinlisk shared an H1N1 weekly report with the Board. As of Tuesday, January 12, the Department has distributed over a million doses of the vaccine. Most agencies across the state have reported a decrease in the number of persons seeking the vaccine. They are anticipating that the vaccine will be available to us through mid February.

The Federal Government has been partnering with some national pharmacy retail chains to provide H1N1 vaccine at their locations. This will not affect our state allotment. The pharmacy chains are allowed to charge an administration fee.

Some specific lot numbers of the nasal spray vaccine have a shortened expiration date. It doesn't seem to maintain its potency as well as originally thought.

Iowa is being told that there will be a Public Health Emergency Response Phase IV funding application. Iowa will be eligible for up to \$12.7M. However, we need to show the need for continued funding for the H1N1 vaccine administration campaigns.

In November and December we released 76,000 courses of anti-viral medication. Both the Tamiflu oral suspension (for young children), Tamiflu capsules, and Relenza from our state stockpile; with the caveat that it be used only for underinsured, and un-insured patients.

Governor Culver signed a proclamation making this Influenza Vaccination Week In Iowa. Each day of the week is targeted to specific populations such as pregnant women or children.

LPHA and their partners are continuing to conduct influenza clinics around the state. There is a lot of emphasis on getting children who need their second dose of 2009 H1N1 to ensure they are fully vaccinated.

We are currently going into our traditional influenza peak season. And we know that H1N1 is still circulating around the state. However cases have decreased over what we saw in the late fall. Our weather has turned much colder and drier, which the virus likes, thus a third wave of H1N1 illness is possible. Also, we will most likely see strains of seasonal flu circulate this winter.

VI. Old Business

A. Licensure Standards for Substance Abuse Treatment Programs (Chapters 155 & 157) – Heather Adams and Dean Austin

Heather Adams shared with the Board proposed language to allow licensed programs to withhold the release of patient information in specific circumstances for non-payment of fees. The board originally felt that language was needed to allow programs to release clinical records include their *reporting form* for OWI assessments, evaluation, and treatment if they had not received payment for such fees. Providers expressed concern that withholding of records related to OWI services was often the only leverage these programs had to receive payment for fees.

The revised language clearly differentiated between the need to release patients’ clinical records for continuity of care versus lack of payment of fees for OWI services to patients when such records may be withheld by the program.

The Board requested that Ramona mail a copy of the language to both Maggie Tinsman and Elizabeth Kressin.

After discussion the Board agreed to approve the language Heather drafted. The board asked Dean Austin to incorporate the language into a notice rule form (Chapter 155 and 157) for the board to review at the March meeting.

VII. Next Meeting

- A. Items for March 10, 2010 Agenda
 - 1. IDPH Budget – Jonn Durbin
 - a. Annual Review and Monitor of the Budget
 - b. Distribution of Annual Report (electronic copies)
 - 2. Bi-Annual Endorsement of the Iowa PH Standards –
Joy Harris
 - 3. Bi-Annual Endorsement Request from the Governor – Board

VIII. Adjournment

At 1:14 PM a motion was made by Rowe Winecoff, seconded by Elizabeth Kressin, to adjourn the meeting. Motion carried unanimously.

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

Ramona Cooper
Recording Secretary
Iowa Department of Public
Health