

DRAFT -Minutes
IOWA STATE BOARD OF HEALTH
MARCH 14, 2012, 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

Vice-Chair Rowe Winecoff called the meeting to order at 10:00 a.m.

ROLL CALL

Members Present

Rowe Winecoff, Vice Chair
Gregory Garvin
Jay Hansen
Hattie Middleton
Kenneth Wayne
Michael Wolnerman
Karen Woltman

Members Absent

Tonya Gray
Justine Morton, Chair
Maggie Tinsman

Other Attendees:

Heather Adams, Assistant AG
Mariannette Miller-Meeks
Shayne Huston, Acting Recording Sec

I. Minutes

- A. Corrections were requested regarding the Fluoroscopy Update provided by Heather Adams. Corrected information was noted and will be added as request as well as the addition of comments in support of the department made by Dr. Gregory Garvin and Dr. Kenneth Wayne.

A motion was made by Jay Hanson, and seconded by Kenneth Wayne to approved the l of January 11, 2012 Minutes as corrected. Motion Carried.

II. Rules

A. Department of Public Health [641]

1. **Adopted and Filed**
a) **Chapter 8, "Care for Yourself (CFY) Program" and Chapter 37, "Breast and Cervical Cancer Early Detection Program"**

The rules in new Chapter 8 allow the services offered through the BCCEDP (Breast and Cervical Cancer Early Detection Program) and WISEWOMAN programs to be offered in Iowa under a single program, the Iowa Care for Yourself (IA CFY) Program. The purposes of the IA CFY Program are to provide breast and cervical cancer screening and diagnostic services and cardiovascular screening and intervention services to underserved women, to provide public and professional development, and to support community

partnerships enhancing statewide breast and cervical cancer and cardiovascular disease control activities.

No written comments were received. Additional internal review resulted in two corrections from the Noticed rules. Under the definition of “Abnormal screen,” number 3 did read “abnormal total cholesterol means” and now reads “abnormal value means.” In the definition of “MDEs” the reference to funds and funding has been changed from NBCCEDP to IA CFY program.

Motion made by Dr. Garvin, seconded by Dr. Wayne to approve the adoption of Chapter 8, “Care for Yourself Program” and Chapter 37, “Breast and Cervical Cancer Early Detection Program”. Motion Carried

b) Chapter 10, “Iowa Get Screened: Colorectal Cancer Program”

These rules allow agencies designated by contracting local boards of health and Federally Qualified Health Centers to provide community-based IGS program services and to receive funds from the Department for that purpose. Under the IGS program, designated agencies shall facilitate essential screening and diagnostic services consistent with CDC recommendations. These guidelines are implemented and supported with the Medical Advisory Board’s oversight. The program is intended to increase awareness of colorectal cancer through education in the community and to coordinate the provision of colorectal cancer screening and follow-up services to a target population. The aim of the IGS program is to increase colorectal cancer screenings to 80 percent for all eligible Iowans 50 to 64 years of age and to reduce the incidence and mortality of colorectal cancer.

No written comments were received. Upon further internal review the following changes were made to the rules as published under Notice. The “R” was dropped from the acronym of “Colorectal cancer data elements” in the definition and in subparagraph 10.3(5)“e”(1); the acronym is “CCDE” not “CRCDE” as in the Notice. In the definition of “Fecal immunochemical test” the word “preferred” was changed to “primary” as this is the primary screening method for the IGS program. In the definition of “surveillance” the phrase at the end of the first sentence, “which prescribe surveillance in two-, three-, five- or seven-year intervals” has been removed. Finally, in rule 641—10.9(135), third sentence, the spelling of “participant” has been corrected.

Motion made by Michael Wolnerman, seconded by Dr. Wayne to approve the adoption of Chapter 10, “Iowa Get Screened: Colorectal Cancer Program.” Motion Carried.

c) Chapter 85, “Local Substitute Medical Decision-Making Boards”

The rules in Chapter 85 describe the requirements and procedures for local substitute medical decision-making boards. These amendments

remove references to the state substitute medical decision-making board. In 2010 Iowa Acts, chapter 1031, section 399, the legislature repealed Iowa Code section 135.28 that established the state substitute medical decision-making board.

No written comments were received. The adopted rules are identical to those published under Notice with the exception of correcting an outdated Code reference in Item 8.

Motion made by Jay Hansen, seconded by Dr. Garvin to approve the adoption of Chapter 85, “Local Substitute Medical Decision-Making Boards”. Motion Carried.

d) 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 amendment incorporates modifications to the emergency medical care provider scope of practice recommended by the EMS Advisory Council.

No written comments were received. The adopted rules are identical to those published under Notice.

Motion made by Dr. Wayne, seconded by Dr. Garvin to approve the adoption of Chapter 131, “Emergency Medical Services Provider Education/Training/Certification”. Motion Carried.

e) Chapter 132, “Emergency Medical Service—Service Program Authorization”

The rules in Chapter 132 describe the standards for the authorization of EMS services. These amendments incorporate the Scope of Practice approved by the EMS Advisory Council in July 2011, allow critical care paramedics to operate in the pre-hospital environment, add definitions for the new provider levels and allow service authorization at the new levels.

One comment was received on Item 7 recommending that Nurse Practitioners be added to the list. The change was not incorporated since they are currently included as Registered Nurses. The adopted rules are identical to those published under Notice.

Motion made by Jay Hansen, seconded by Dr. Garvin to approve the adoption of Chapter 132, “Emergency Medical Service – Service Program Authorization.”

1. Notice of Intended Action
a) **Chapter 51, “Hospital”**

Pursuant to the authority of Iowa Code section 10A.104(5), the Department of Inspections and Appeals hereby gives Notice of Intended Action to amend Chapter 51, “Hospitals,” Iowa Administrative Code.

The proposed amendments to 481—51.50(1) specify that critical access hospitals shall meet the minimum construction standards for small primary care hospitals set forth in Part 2.3 of the Guidelines for Design and Construction of Health Care Facilities, 2010 edition (Guidelines), produced by the Facility Guidelines Institute.

III. Substance Abuse/Problem Gambling Program Licensure Committee Report – Jay Hansen

Jay Hansen reported that the Substance Abuse sub-committee approved two (2) three-year licenses as well as a 270 license. Additionally the group received program updates from IDPH concerning the four workgroups of the Mental Health and Disabilities Services Redesign that would directly affect and involve Public Health. The Data Systems Alignment Workgroup will review and align the current data systems used by the Iowa Dept. of Humans Services (DHS), the State Association of Counties (ISAC) and IDPH to track mental health and substance abuse services with a goal of having standardized data with decreased burden to providers. The second workgroup will identify ways to better align DHS certification of mental health services and IDPH licensure of substance abuse programs. The third workgroup, a judicial workgroup, will consider integration of the three separate areas of state law governing involuntary commitments of mental health, intellectual disability, and substance abuse. The fourth workgroup will discuss workforce issues as they pertain to having appropriately trained, qualified and competent staff.

IV. Department Reports

A. Director’s Update – Director Miller-Meeks

1. Dr. Miller-Meeks informed the group that the Draft Healthy Iowans Plan has been released and open for public comment until April 15, 2012. Comments from stakeholders, advocacy groups, and local public health agencies were gathered and utilized in development of the draft plan.
2. The Healthiest State Initiative will be focusing on emotional health during the month of April. As part of this promotion, Governor Branstad will be signing a proclamation designating April 2nd as ‘Laugh Out Loud Day’. This exercise is planned to underscore and bring attention to the importance of Iowan’s emotional health.
3. IDPH will be partnering with the Iowa Lottery to promote Problem Gambling Awareness Week.
4. The department has many things happening in regard to the current legislative session.
 - a) The department’s Iowa Health Information Network (IHIN) Bill has been taken up fairly early in session and has passed the House Ways and Means

committee. The department is very encouraged and optimistic that this bill will pass.

- b) The department's Technical/Omnibus Bill looks to be referred to Ways and Means committee due to fees and fines regarding tanning licensure.
 - c) A bill establishing a certificate of birth for stillbirths is quickly moving and will be on its way to the governor for signature after it is debated on the Senate floor. Extensive research within the department's Vital Records Bureau regarding any potential impacts has been done. This certificate has a great deal of stakeholder support and addresses the emotional impact of the family. The question was raised regarding the potential impact to live birth statistics. This new certification will have no impact to live birth statistics as it is clearly noted on the record that it is not a live birth.
 - d) A bill striking the term 'mental retardation' from all parts of the Iowa Code has passed and is on its way to the Governor of signature.
 - e) The Mental Health Redesign bill continues to move forward. This bill will have some impact in regards to workforce issues.
 - f) A bill related to Alzheimer's disease and funding in Public Health to educate regarding this disease and to assist in establishing an advisory council.
 - g) A bill regarding Internet Gambling is on the move.
 - h) A bill regarding the establishment of and Board of Direct Care Workers is also on the move.
 - i) The HHS committee has put forth a budget that extremely cut the department's Tobacco Budget. The department is strongly opposed to these and other funding cuts and has communicated with the Department of Management those concerns, requesting full restoration.
5. Dr. Miller-Meeks reported that she has visited more county public health agencies and board of health. The counties are all very appreciative of the department's support and have all expressed approval of two (2) year funding cycles. This funding cycle makes it easier for the locals to better plan their budgets.

B. Staff Reports

1. Iowa Health Update – Dr. Garvey

- a) Due to the relatively low incidence of influenza so far this season, the department changed its testing criteria at the end of February. As a result of this change, the department did see a significant increase in the number of confirmed positive results, which was to be expected. The department will continue to monitor the surveillance data in the coming weeks which will help in understanding whether we are seeing any increase in incidence or if the increase in confirmed cases is solely due to the change in the testing criteria. The vast majority of the cases continue to be the seasonal H3 strain which is well matched to this year's vaccine.
- b) The department is seeing some pertussis activity again this year, primarily in Eastern Iowa.
- c) Norovirus reports have slowed somewhat but continue to be reported. The department tends to see enteric illness increase in the warm months, so it is anticipated that there will be more enteric activity to report at the next board meeting.
- d) The department has talked with the medical entomology staff at ISU regarding the possible impact of the warm winter on mosquito and tick activity. Per ISU,

in general winter weather does not affect what we will see in the warmer months regarding activity. As temperatures continue to rise, there may be mosquito and tick activity earlier in the spring than in typical years.

V. Old Business

A. Fluoroscopy: Update on Stay Request – Heather Adams

Heather Adams reported that the case is still on hold. The Board of Nursing has made a request for stay was has been denied. As a result, the board has submitted a request for a re-consideration to have a three (3) justice panel review the request. This process is still going on. It is hopeful there will be additional information to share at the next Board of Health meeting.

VI. New Business

A. Review of the Public Health Standards – Joy Harris

1. Communication and Information Technology

The department is using social media to meet this criterion. The first experience has been through the use of Twitter, beginning during the H1N1 response. From February 2011 to the end of January 2012 IDPH posted 532 tweets. The department is committed to tweeting at least once per day. A Social Media policy was recently approved and paves the way for IDPH programs to use Facebook. Several things were weighed and considered as the policy was developed. Programs that do develop Facebook pages must make a commitment to keep pages relevant, active and develop responses to reacted postings. Programs put together a thorough Communication Strategy and Sustainability Plan to host a Facebook page that has to be approved by the Executive Team. Currently the only program with a site is Prevent Iowa Youth Addiction. This page aims to educate about preventing addiction among Iowa youth, including substance abuse and addiction to tobacco.

2. Emergency Response

This criterion regards testing the public health emergency response plan by exercise or actual event annually. The bureau responsible for this activity at the department is known as the Center for Disaster Operations and Response (CDOR). They are responsible for developing and implementing emergency response plans for the department and ensuring integration into Iowa's Homeland Security and Emergency Plan. They also provide management and oversight for Iowa's public health and hospital bioterrorism program. Testing requirements are spelled out annually, with a different emphasis each year. After action reports are developed to summarize the exercises, provide timelines of events and include improvement plans for identified deficiencies. The improvement plans become the starting point for the next round of exercises. Exercises then test the updates.

B. State Health Improvement Plan – Jonn Durbin

The department is ready to accept public comment for the Healthy Iowan's State Health Improvement Plan. This plan was heavily based upon input from local public health agencies, advisory and stakeholder groups, as well as private and non-profit organizations at the state level. The department also looked health related data at the state and national levels as well as the national health improvement plan, Healthy People 2020. The department strived to capitalize on existing efforts that were going on within the state. To do so we asked organizations to prioritize the strategies that they submitted and to submit a maximum of 3 objectives or strategies their group considered most important in addressing

one or more of the 39 identified critical health needs. The State Health Improvement Plan is not intended to represent everything being done in Iowa, or everything each organization is doing. This plan shows gaps in planning for some critical health needs. We hope that this methodology will help to continue efforts to address those gaps. The public comment period is open from March 19 through April 13, 2012. The Improvement Plan will be reviewed annually and revised as necessary.

C. 2012 Strategic Plan for Health & Long-Term Care Access – Michelle Holst

This is a biennial Strategic Plan for Health and Long-Term Care Access that the department is required to submit to the Governor and General Assembly. The plan is required to address health care delivery infrastructure and health care workforce resources needs. The department has pulled together a technical advisory committee, called the Health & Long-Term Care Access Advisory Council, to look at the various needs in the areas and to determine the most critical needs to be addressed over the next two years. One of the items used by the council was an assessment of the community health needs in the state. This assessment helped reinforce the perceived need for improved access to health services. The advisory council identified specific topics within the two (2) areas of strategic focus (infrastructure and workforce) over the next couple of years. The strategic plan is available at http://www.idph.state.ia.us/HLTC_Advisory_Council/.

VII. Next Meeting

A. Items for May 9, 2012 Agenda

1. Annual Review to Assure that IDPH is in Compliance With Code, Administrative Code, and the Standards - Heather Adams
2. Bi-Annual Endorsement Request from the Governor
3. Bi-Annual Endorsement of the Iowa PH Standards
4. Review Public Health Standards – Joy Harris
5. Annual Review to Assure the Board is in compliance with the Iowa Public Health Standards - Joy Harris

VIII. Adjournment

A motion was made by Jay Hanson, and seconded by Dr. Garvin to adjourn the meeting. Motion Carried, meeting adjourned at 11:23 a.m.

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