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[The Fifth Week](#)

Here are some highlights from the week:

[IDPH Legislative Package](#)

- IDPH has three bills for the 2014 session:
 - **UPDATE:** [HSB 528](#) is the Board of Dietetics bill. The change that the Iowa Board of Dietetics (under the IDPH Bureau of Professional Licensure) is proposing is consistent with the change in name from the American Dietetic Association (ADA) to the Academy of Nutrition and Dietetics (AND), and includes the reference to the name of the Academy of Nutrition and Dietetics credentialing agency, the Commission on Dietetic Registration. The bill is technical in nature and will have no impact on the current licensure process. The bill passed unanimously out of the [House Human Resources Committee](#) on February 12 and without amendments. It will receive a new number and will be eligible for floor debate in the House chamber.
 - [SSB 3013](#) is the Senate companion bill to the Board of Dietetics bill. [Senate Human Resources Committee](#) unanimously on Wednesday, January 29 without amendments. The new bill number is [SF 2083](#) and is eligible for debate on the Senate floor.
 - **UPDATE:** [SSB 3014](#) is the IDPH Omnibus Bill passed unanimously out of the [Senate Human Resources Committee](#) on February 12. One large amendment was attached to the bill and the components come from outside stakeholders. There are three components. The first extends the sunset dates in the Iowa code for a safety net provider recruitment and retention program, a physician assistant mental health fellowship program, a nurse residency state matching grants program, a health care professional incentive payment program, and an Iowa Needs Nurses Now program. These programs have not received funding since they were established in 2009 and therefore, have never been implemented. The code language was set to expire on June 30, 2014 but the amendment pushes that date back to June 30, 2016. The second component codifies the [Fulfilling Iowa's Need for Dentists](#) (FIND) program that is administered by [Delta Dental of Iowa](#). This program receives an annual General Fund appropriation. The third component will fix a drafting error from a 2013 bill that updated the plumbing and mechanical licensing law. In that legislation, a sheet metal journeyman license was added as a new option. The bill drafter inadvertently created a sheet metal master license as well, which was not the intent. This amendment is agreed to by all industry partners. All of these components will be added to SSB 3014 that will receive a new bill number and be eligible for floor debate in the Senate chamber.
- The third bill in the IDPH legislative package 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 a strict approval process before gaining access to the IHIN.

UPDATE: [HSB 526](#) passed the full House [Human Resources Committee](#) unanimously on Thursday, February 6 and will now head to the full House Chamber for floor debate. [HF 2187](#) is the updated bill number.

UPDATE: In the Senate chamber, [SSB 3042](#) (the companion bill to HSB 526) has yet to advance the subcommittee level. The members last met on Thursday, January 30 and have yet to reconvene for more discussion. As of the writing, it appears unlikely that this bill will survive the first funnel deadline of February 21. However, we believe that if HF 2187 passes the House chamber, the Senate will review the bill again.

- To understand how a bill moves through the legislative process, click [here](#).

Other Highlights

- **Raw Milk Panel Discussion.** IDPH's Dr. Ann Garvey is the State Public Health Veterinarian and Deputy State Epidemiologist. Dr. Garvey was invited to speak as part of a panel of experts assembled to educate lawmakers on the public health impact of the consumption of raw milk. Her assigned topic related to secondary infection and epidemiology and her comments can be read in the appendices of this publication. Other members on the panel included:
 - Dr. Russ Currier, the former Iowa Veterinary Epidemiologist now retired.
 - [Dr. James A. Roth](#), Distinguished Professor at Iowa State University (ISU), and the Director for the Center for Food Security and Public Health
 - [Dr. Leo Timms](#), a professor at ISU and an ISU Extension Dairy Specialist
 - [Dr. James A. Merchant](#), a professor in the University of Iowa's Department of Occupational and Environmental Health
 - Dr. Peter Wallace, Chair of the [Johnson County Board of Health](#)
 - Dr. Luis Castignini, Specialist in pediatric infectious disease medicine at Blank Children's Health Center in Des Moines
 - Mrs. Mary McGonigle-Martin, mother of Chris Martin who became ill after consuming raw milk

All legislation ([HSB 131](#) and [HSB 634](#)) that relate to the legalization of the sale of raw milk is considered unlikely to advance for this session.

- **Public Health Tracking Portal Presentations.** IDPH's Public Health Tracking Portal Team provided two information sessions for legislators and legislative staff on February 12 and 13. Each session was well-received and promoted the opportunity for policy-makers, in collaboration with their local community leaders, to use information collected by IDPH to promote and protect the health of Iowans.
- [SSB 3108](#) authorizes the paying of awards and prizes to participants in fantasy sports contests. It classifies these contests as a game of skill and not a game of chance as defined by Iowa laws and regulations. The federal government also recognizes fantasy sports contests as a game of skill. The bill was unanimously passed out of the [Senate State Government Committee](#) on February 11. The new bill number is [SF 2148](#).
- [HF 2109](#) (formerly [HSB 566](#)) that relates to the regulation of alternative nicotine products and vapor products passed the House chamber on February 12 by a vote of 76-22. The bill defines "alternative nicotine products" and "vapor products" separately from cigarettes and tobacco products under Iowa Code Chapter [453A](#). It also prohibits the sale and use of these products to minors under the age of eighteen. There is still a debate present relating to the definitions provided for in the bill however proponents and opponents still agree on the age limitations. An amendment was accepted on the during the floor debate that is technical in nature.

Subcommittees attended:

- [HF 2152](#) requires regular testing of the levels of radon in school buildings by June 30, 2025 and provides for specified levels that trigger a second test and finally a radon mitigation plan to be implemented within one year. The House Education subcommittee members of Representatives [Kevin Koester](#) (chair), [Cecil Dolecheck](#), and [Ruth Ann Gaines](#) met on Thursday, February 13. The members will recommend passage of the bill to the full committee with an amendment that establishes a school radon mitigation revolving loan program and appropriates \$5.0

million for FY 2015. The amendment provides for a no-interest loan repayment program to assist schools in financing their mitigation costs.

Highlights for Next Week:

- **First Funnel Deadline is Friday.** This is the first major deadline for bills to continue moving through the legislative process. A bill must pass out of a full committee to be considered a live bill after February 21. There are exceptions to this rule but it is an attempt to begin to narrow the focus of the General Assembly's work for this session. At least one version of all three of the bills in IDPH's legislative package will survive the first funnel. To view the updated session timeline please click [here](#).

Other Information

- 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.

Raw Milk Panel Discussion
Monday, February 10th
11:00AM

My name is Dr. Ann Garvey, I function as the state public health veterinarian and deputy state epidemiologist- I oversee the area of the state health department responsible for investigating infectious disease cases and outbreaks.

I was specifically asked to review a recent journal article authored by the Centers for Disease Control and Prevention and published in a well-respected, peer-reviewed journal. During my allotted time, I will provide a quick summary of the study findings and make some general comments on health risks associated with raw milk consumption.

The study reviewed 121 dairy-associated outbreaks occurring in the US from 1993-2006. The study showed that:

- **Raw milk was much more likely to cause outbreaks than pasteurized milk.**
 - 60% of the dairy-associated outbreaks reviewed in this study were linked to raw milk products and these outbreaks resulted in over 1,500 cases of illness, more than 200 hospitalizations, and 2 deaths.
 - According to the CDC, probably no more than 1% of the milk consumed in the US is raw, yet more outbreaks were caused by raw milk than by pasteurized milk.
 - So considering the number of outbreaks caused by raw milk compared to the very small amount of raw milk that is consumed, the risk of raw milk associated outbreaks is at least 150 times greater than the risk of outbreaks caused by pasteurized milk.

- **Outbreaks caused by raw milk tend to cause more severe disease**
 - The hospitalization rate for patients in outbreaks caused by raw milk was 13 times higher than the rate for people in outbreaks caused by pasteurized milk.
 - This difference is likely partly because the raw milk outbreaks were caused by bacterial infections which tend to be more severe. For example, E. coli O157:H7, a bacterium that can cause kidney failure and death, was a common cause of outbreaks due to raw milk. For outbreaks caused by pasteurized milk, relatively mild viral infections and foodborne toxins were more common causes.
 - This difference makes sense because raw milk is most likely contaminated at the time of milking because the skin of cows is contaminated with bacteria from cow feces and other environmental exposures, even if sanitary precautions are taken. On the other hand, if pasteurized milk is contaminated after pasteurization, it is likely due to improper storage or by an infected food preparer. In these situations, serious bacterial infections are less likely to happen.

- **Younger people were affected more in outbreaks caused by raw milk than in outbreaks caused by pasteurized milk.**
 - 60% of people sickened in outbreaks caused by raw milk were under 20 years of age, versus 23% of people in outbreaks caused by pasteurized milk.

- **States that allow the sale of raw milk had more outbreaks caused by consuming raw milk.**
 - During 1993–2006, 55 outbreaks—or 75 percent— caused by raw milk occurred in states where it was legal to sell raw milk products.
 - The rate of outbreaks caused by raw fluid milk is over twice as high in states that allow the sale of raw milk than in states that prohibit its sale.
 - The rate of outbreaks caused by raw cheese is nearly six times as high in states that allow the sale of raw milk than in states that prohibit its sale.

- **The study also concluded that warning labels have not been shown to be effective and do not seem to reduce the incidence of outbreaks involving non-pasteurized dairy products.**

For those interested in reviewing this study in greater detail, I will leave copies on the table.

I would like to highlight three important concepts that are generally accepted by the public health, veterinary, and medical communities:

1) Many studies have shown that the pasteurization of raw milk does not significantly change the nutritional value of milk. Pasteurized milk is rich in proteins, carbohydrates, and other nutrients. Heat only slightly affects a few of the vitamins found in milk. (Thiamine, Vitamin B12, and Vitamin C and milk is only a minor source of these vitamins anyway).

2) Studies have repeatedly demonstrated that raw milk is contaminated with organisms like Salmonella, E.coli, Campylobacter, Listeria, and others. Many of these diseases are naturally occurring in animals and generally do not make these animals sick. These disease causing organisms can be present in the milk of healthy animals, therefore a visual inspection of the farm or an individual cow will not predict whether raw milk is contaminated.

3) And these organisms are infectious, meaning they can be passed from person to person. Therefore the health risks associated with raw milk are not limited to the person or persons drinking it, they extend to the people in contact with the drinkers. So for example, if a parent gives raw milk to their child and their child attends the same daycare as my child---and their child gets ill, the ill child can pass that illness on to my child. Or if a foodservice worker gets ill as a results of raw milk consumption, and works with illness, they can pass that illness on to the people they serve. So again the increased risk goes well beyond the person consuming the raw milk.

In closing I want to reiterate that public health officials and medical and veterinary associations whose mission is to protect the health of the public, generally agree that raw milk consumption poses a health risk to our population and no health benefits. And it is especially important to note that children, whose decision to drink raw milk in most cases is being made for them, are one of the groups at highest risk to develop more severe and potentially fatal illnesses. --Thank you.