

MINUTES

IOWA STATE BOARD OF HEALTH
MAY 13, 2009 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:

Gregory Garvin
Jay Hansen
Cheryll Jones
Maggie Tinsman
Edward Maier
Hattie Middleton
Justine Morton
Elizabeth Kressin
John Stamler
Rowe Winecoff
Heather Adams

Absent:

Rahul Parsa

A motion was made by John Stamler seconded by Hattie Middleton to revise the agenda by moving the Substance Abuse Licensure to follow the department reports. Motion carried unanimously.

I. Minutes

A. Approval of [March 11, 2009 Minutes](#)

A motion made by Justine Mortin and seconded by Hattie Middleton to approve the March 13, 2009 Board of Health minutes. Motion carried unanimously.

II. Rules

A. Department of Public Health [641] - Jim Goodrich

1. Adopted and Filed

a. [Chapter 15](#), "Swimming Pools and Spas"

Federal legislation entitled "The Virginia Graeme Baker Pool and Spa Safety Act" (VGB) (H.R. 6, 303-309, Title XIV) was signed into law on December 19, 2007. The legislation requires that the main drains and other outlets of public swimming pools and spas be modified within one year to prevent entrapment incidents. Iowa's rules relating to swimming pools and spas need to be amended to include the requirements of VGB to enable the department and its local contractors to enforce the provisions of VGB. A motion was made by Maggie Tinsman and seconded by Jay Hansen to adopt and file the amendments to Chapter 15. Motion carried unanimously.

2. **Adopted and Filed Without Notice**
 - a. **[Chapter 121](#), “Standard for Impact Resistance and Method of Testing”**
This amendment rescinds the rules that pertained to impact resistance and testing for protective eyewear. These rules were outdated and not enforceable. In addition federal regulations address protective eyewear. The Legislature repealed Iowa Code section 135.30, Protective Eyeglasses --2009, Iowa Acts Section 12 HF380, effective July 1, 2009. This removes the statutory authority for Chapter 121 in the rules of the department. A motion was made by Maggie Tinsman and seconded by Edward Maier to adopt and file the amendments to Chapter 121. Motion carried unanimously.

3. **Notice of Intended Action**
 - a. **[Chapter 4](#), “Center for Congenital and Inherited Disorders”**
These amendments provide for an increase in the neonatal metabolic screening fee; require birthing providers to retain documentation of neonatal metabolic screening waivers and provide notification to the department; and renames the expanded maternal serum alpha-fetoprotein screening program to reflect the broader scope of testing available. Finally, technical amendments for clarifying program acronyms are included.

 - b. **[Chapter 39](#), “Registration of Radiation Machine Facilities” and [Chapter 41](#), “Safety Requirements for the Use of Radiation Machine and Certain Uses of Radioactive Materials”**
The purpose of amendment of these chapters is to address the use of radiation materials and radiation machines within the state and to amend the rules to meet the Nuclear Regulatory Commission compatibility requirements.

 - c. **[Chapter 83](#), “Early Childhood Iowa Council”**
The rules were intended to implement Iowa Code 135.173 and 135.174. They create language and infrastructure for an Early Childhood Iowa Council state liaison team, steering committee with a co-chair committee. The rules also define lead agencies and responsibilities of a comprehensive early care, health and education system.

III. Substance Abuse Licensure – Jeff Gronstal and Cynthia Kelly

A. Licensure Recommendations

1. Three-, Two-, and One-Year Comprehensive Programs

A motion was made by Justine Morton and seconded by John Stamler to approve a license for a period of three years to Substance Abuse Treatment Unit of Central Iowa (SATUCI) Marshalltown, Iowa, license effective May 19, 2009 to May 19, 2012; to Lifeline Recovery at Lifeline Resources, LLC, Des Moines, Iowa, license effective December 12, 2008 to December 12, 2011; and approve a license for a period of two years to YWCA Women’s Halfway House, Fort Dodge, Iowa, license effective April 5, 2009 to April 5, 2011; to Fifth Judicial District, Department of Correctional Services, Substance Abuse Treatment Programs, Des Moines, Iowa license effective May 17, 2009 to May 17, 2011; and approve a license for a period of one year to Freedom House, Ellsworth Municipal Hospital, Iowa Falls, Iowa, license effective March 22, 2009 to March 22, 2010; to Alcohol/Drug/DUI/OWI Services,

Davenport, Iowa, license effective April 5, 2009 to April 5, 2010; and, to Lucas County Health Center, Counseling Services, Chariton, Iowa, license effective June 10, 2009 to June 10, 2010. Motion carried unanimously.

2. Three- and One-Year Assessment and Evaluation Programs

A motion was made by Justine Morton and seconded by Hattie Middleman to approve a license for a period of three years to Substance Abuse Services for Clayton County, Inc., Elkader, Iowa, license effective June 17, 2009 to June 17, 2012; and to Sixth Judicial District, Department of Correctional Services, Substance Abuse Evaluation Program (SAEP), Cedar Rapids, Iowa, license effective June 17, 2009 to June 17, 2012; and approve a license for a period of one year to Allen Recovery Center, Waterloo, Iowa, license effective May 13, 2009 to May 13, 2010. Motion carried unanimously.

3. 270 Day

A motion was made by Maggie Tinsman and seconded by Edward Maier to approve a license for a period of 270 days for Phoenix Treatment Center, Waucoma, Iowa, license effective May 13, 2009 to February 6, 2010. Motion carried unanimously.

A motion was made by Hattie Middleton and seconded by Edward Maier to approve a license for a period of 270 days for Kelderman Consulting, Oskaloosa, Iowa, license effective May 13, 2009 to February 6, 2010. Motion carried unanimously.

4. Denial

A motion was made by Justine Morton and seconded by Jay Hansen that the Iowa Board of Health propose to refuse to renew the license of Cornerstone Counseling Center, Centerville, Iowa in accordance with Iowa Administrative Code 641-155.11(1). Motion carried unanimously.

A motion was made by Rowe Winecoff and seconded by Elizabeth Kressin that the Iowa Board of Health propose to refuse to renew the license of Everest Institute, LLC., Urbandale, Iowa in accordance with Iowa Administrative Code 641-155.11(1). Motion carried unanimously.

B. Deemed Status

A motion was made by Maggie Tinsman and seconded by Elizabeth Kressin to issue a license through deemed status to Horizons, A Family Service Alliance, Cedar Rapids, Iowa, based on an accreditation survey conducted and accreditation awarded by Council on Accreditation effective May 9, 2009 to January 31, 2012. Motion carried unanimously.

C. Complaint Investigations

At 11:45 a.m. roll call was taken. With 10 members present a motion was made by Elizabeth Kressin and seconded by Justin Mortin 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. The BOH discussed both Clearview Recovery and Jackson Recovery Centers, Inc. while they were in closed

session. Kermit Dahlen, Director of Jackson Recovery Centers, Inc. addressed the BOH while in closed session and discussion was held. Motion carried unanimously.

At 1:06 p.m. a motion was made by Edward Maier and seconded by John Stamler for the BOH to return to open session. Motion carried unanimously.

A motion was made by Edward Maier and seconded by Justin Morton that the Iowa Board of Health accepts the Division's report and the following recommendation regarding complaint #BH-1104-122908, Clearview Recovery. It is recommended the Iowa Board of Health require the program develop formal policies and procedures relating to the restriction of client visitation and telephone use for therapeutic reasons. It is further recommended the program develop policies and procedures providing for a discharge plan for clients terminated from the services. Prior to finalization of the investigative report the program submitted the recommended policies. It is therefore further recommended the Iowa Board of Health accept the department's report with no further action to be taken and this case to be closed. Motion carried unanimously.

A motion was made by Justine Morton and seconded by Rowe Winecoff; motion carried that the Iowa Board of Health accept the Division's report and recommendation regarding complaint #BH-1102-102408, Jackson Recovery Centers, Inc., Sioux City, Based on this investigation and in accordance with Iowa Administrative Code it appears the program violated: 641-155.21(1) "e," "the governing body shall develop and approve policies for the effective operation of the program," and 641-155.21(6), "all programs shall develop and maintain a procedures manual." The manual shall define the program's policies and procedures to reflect the program's activities.

Due to the violations it is recommended that the Iowa Board of Health require Jackson Recovery Centers, Inc. submit to the department, within 30 days following receipt of this report, a corrective action plan, in accordance with Iowa Administrative Code rule 641-155.16(4) "c" to address the following recommendation:

To continue this practice the agency/program shall develop and implement appropriate policies and procedures for client care of children in "The Learning Lab," an unlicensed day care, approved by the Jackson Recovery Centers, Inc. Board of Directors and shall maintain these policies in the procedures manual. Motion carried.

IV. Department Reports

A. Director's Information – Tom Newton

Director Newton welcomed Dr. Kressin, as a new member, to the Board of Health.

Director Newton talked about the department's response to H1N1 and explained the process and triggers for declaring a public health disaster.

Director Newton reported that the department had received notice from the federal level on how stimulus money related to immunization and health care acquired infections would be distributed.

He shared that the department is still awaiting guidance on how stimulus funding related to Prevention and Wellness, Health IT, and health workforce will be released. Staff is monitoring the appropriate websites and checking federal contracts on a routine basis.

Director Newton recapped for the board the Iowa Whitehouse Forum on Healthcare. Two members of the board were able to attend: Cheryll Jones and Jay Hansen. This was a great opportunity for Iowa to have a voice in the national health care debate.

Director Newton outlined the department's FY2010 appropriation, including new money and reductions. He reported that at this time it appears the department may avoid layoffs due to federal stimulus funding. He stated over the next year we will be looking closely at our state budget as well as how we are organized internally, how our operations are working, and how we work with local health departments and other community based providers to see if we can identify efficiencies and improve our effectiveness.

B. Staff Reports

1. Heather Adams

Heather Adams addressed the board and stated she would discuss the complaint process during Dean Austin's presentation on the Review of Substance Abuse Rules on the Release of Patient Records. And during Julie McMahon's Annual Refresher she would give her Annual Review of the Board.

2. Legislative Brief - Lynh Patterson

Lynh Patterson addressed the BOH informing them that the session this year was more difficult than past years because of the budget constraints. The tight budget situation also affected the type of policy bills that were being passed this year.

Overall, for public health priorities, it was a very good session for the department. Lynh stated that the governor has 30 calendar days (excluding Sundays) to act on bills. May 30 will be the final day for the governor to act on bills, so she doesn't have the final action on legislation but anticipates this will be available in early June.

Lynh updated the board on the department's five bills from this session:

1. Omnibus Bill - Our annual policy catchall bill had very little controversy in it. There are three different divisions to that bill.
 - 1) Creating a certification program for renovators that were doing renovation in target housing or child occupied facilities that were at high risk for lead.
 - 2) Made updates to universal newborn screening programs.
 - 3) Made updates to the Public Health Disaster Authority. This was in response to the national disaster of the floods from this past summer.
2. Technical Bill - This was a cleanup changes bill. However, she noted two provisions that were added to the bill that were not technical. The first was a provision at the request of the Dental Board to make tooth whitening the practice of dentistry. Their target was to prevent services being provided by the mall kiosks. Another provision that was requested by the EMS Association was to designate EMS Medical Directors as state volunteers, which provides them immunity protections under the state tort claims statute.

3. Public Health Modernization Act (PHMA) - This was our biggest priority for this past legislative session, and received a great deal of support from legislators. Everyone supported the concept of strengthening the public health system, increasing infrastructure at the local level as well as providing the ability to deliver public health services more equitably across the state. The concern came down to funding. In the end the Legislature provided \$161,000 in state funds. It was one of the few programs that received new funding within the health budget. The PHMA actually did not pass as a stand alone bill but the language was included in our Health and Human Services Budget Appropriations Bill (HF 811).
4. Cleanup Bill for the Plumbing and Mechanical Professionals Board – This actually turned into a very controversial bill just because of the different interests that were working on it. but in the end we were able to get the bill passed. And of interest to the board, it moves the responsibility for the plumbing code from the BOH to the plumbing board.
5. A bill to allow the department access to the Iowa Drug Donation Repository Program in the event of a disaster. This came as a request from our staff in the Center for Disaster Operations and Response. They found that Disaster Medical Assistance Team who were in Cedar Rapids during the flood were treating individuals who had to leave their homes very quickly during the flood without their medications. They felt that having access to that program would give them a quicker way to provide individuals with their medications if a repository had them in stock.

She also mentioned SF 101, Shaken Baby Prevention Program. This passed early in the session. This bill has been in the works for about three years. It is to establish an awareness education program about shaken babies. Due to funding concerns in the past it hadn't passed in previous years but this year the department worked with Prevent Child Abuse Iowa and came to an agreement that the department could begin an implementation plan to get this program off the ground and as funding becomes available we can actually implement.

The biggest Health Bill from this session is SF389. This is Follow-up Healthcare Reform Bill from the one that passed last year. Please reference the handout, "***Bill Summary - Health Care Reform SF 389.***" This is a summary from the House Democratic Caucus Staff that she shared with the BOH. The key focus of the bill was to increase coverage for children in Iowa and Division 1 of the bill does that. It creates a new 11-member legislative commission to develop different coverage options for children and adults. They will present recommendations back to the Legislature for further consideration. IDPH is one of the "ex officio members" so we will have input into the process as it moves forward. Lynh shared that in Division IV it addresses the Volunteer Health Care Provider Program. The language came from Polk County Medical Society to add ***specialty health care provider offices*** to the statute. Division V of the code created a very large health care workforce initiative program (i.e. Medical Residency Program, Health Care Professional Incentive Payment Program, Nurse Educator Incentive Payment Program, Nursing Faculty Fellowship Program, Registered Nurse and Nurse Educator Loan Forgiveness Program, and Physician Assistant Mental Health Fellowship Program.) This Division will be enacted once the funding is available.

As we head into the summer, there are various interim committees that have been established by the Legislature. There are potentially three interim committees that will effect the department.

1. The biggest one will be the Government Reorganization Legislative Interim Committee. The Legislative Council will probably get together sometime next month to determine who will serve on the committee. They are assigned to find cost savings in state government by increasing efficiencies. IDPH as well as other Departments will be asked for input.
2. Another interim committee is the Committee on Inappropriate Use of Medication. This is a result of discussions about establishing Medication Therapy Management. The different provider groups could not agree on how to implement Medication Therapy Management so instead they created a Study Group to see if they could come to some agreement on that issue.
3. The third potential interim committee is on the licensing of professional mid-wives. There was a bill this past year to create a licensing board for direct entry mid-wives. Agreement couldn't be reached on that bill so once again they decided to create an interim committee to develop recommendations.

3. **Iowa Health Update – Dr. Quinlisk**

Dr. Quinlisk addressed the board informing them that about a month ago we had a reported case of measles in northwest Iowa. The county did an excellent job of responding and getting it contained and had no secondary cases. The patient received one dose of vaccine (95% effective), had no obvious exposure, and had not traveled nor had been around anyone who had traveled. The person had been seen by a very astute nurse practitioner who had seen measles in the past, so did a blood test and the lab results were positive. This patient was handled correctly and was seen in a way that would not have exposed other people. The patient was told to immediately go home and stay home. Since it occurred during the Easter holiday, unfortunately the child had gone to three Easter egg hunts and had exposed other people. They did do follow up to ensure that people didn't get the measles.

Dr. Quinlisk told the BOH that there has been a secondary alfalfa sprouts foodborne outbreak in Wisconsin and the national recommendation was to not eat alpha sprouts. The problem is that the sprout seeds cannot be sterilized. They are attempting, as a national effort, to determine how to have seeds that can sprout and still keep them safe.

We are starting to go into our West Nile season as it gets warmer and we will be setting up our surveillance system for mosquitoes. We do suspect that we will see West Nile come back again. We probably will see a few human cases along with a few horse cases. The longer we have this virus around, the more birds (the primary carrier animals) become more immune to it.

Dr. Quinlisk informed the board that we currently have 60 H1N1 confirmed cases in the state as of 10:00 a.m. this morning. They had several cases that were

previously reported as probable cases, but the confirmatory testing ended up not to be confirmed and were identified as some other type of flu. Thus we did find out that we still do have seasonal flu in our communities. They have tested a total of +1,000 cases total. As of earlier this week we have the ability to confirm the cases here in Iowa so we no longer have to send them to CDC; this is speeding up the confirmation of these. CDC is still saying that 99% of the probable cases are being confirmed. Previously we had been treating our probable cases as confirmed but currently it's adding only about four hours here to get the results. We still have not had any hospitalizations or deaths. One person was taken to the hospital by ambulance so there are people who are getting quite ill. It's not unusual for individuals who get this virus to stay home 5 - 7 days.

We put out the data at 10:00 a.m. each day to inform people. Marshalltown is the area that we had community spread. At this point we're unsure why this has occurred. Their mean age is 15 years which reflects the school aged children who are getting ill in the Marshalltown area. The age range is 1 to 43. It seems to be sparing the people aged 50 and above. This may be because in the early 60's there may have been virus that may have provided cross protection or it may be because most of the older people received the swine flu vaccination in the mid 70's which may provide some protection.

There have been 33 female and 27 males with the virus. Most of these people have experienced fever and a cough.

Local public health agencies have been putting together a pandemic response for years. So when all of this occurred people were pulling those and starting to implement them. As it was stated earlier, when we started on this response, all we knew was what was coming out of Mexico which was showing that people were getting seriously ill, large number of hospitalizations, etc. And since this was a new virus we had never been seen before, we needed to take it seriously. We did respond to it in a way that would have been appropriate had it been determined that it was causing serious illness and/or death. Fortunately, it was found that it did not. We had implemented our Incident Management System in the ICN room very quickly, and part of the national response was to send some of the stockpiled antivirals and masks, etc., to Iowa. We did receive about a quarter of our part of the national stockpile. As counties were finding they had cases, part of that stockpile was sent out to the counties in case they were needed. Fortunately, not a lot of the antivirals have been needed. Only about 200 - 300 courses have been used. We did sign standing orders and standing orders were available to counties to be used should they need it. Currently the recommendation is to use the antivirals with hospitalized and seriously ill people and those at high risk.

Dr. Quinlisk praised all the workers at IDPH for working long hours putting together a lot of information. A lot of what was done when these things occur was to put together information and guidelines to be used by the hospitals, the county's health departments; because we want everyone to have the same information. We posted a lot of information on our web site and even received an e-mail from Homeland Security at the national level, praising our Web site efforts. By comparison with other state Web sites, they felt ours was particularly good and one

of the best in the country. This says a lot about our staff at IDPH, and a lot about the information they were putting out.

We are concerned about this virus coming back. We know from experience that in the past, some of these pandemic flu viruses do come back in the fall, and sometimes are worse than they were originally. Everyone will be watching the southern hemisphere very closely as they go into their winter. We're concerned that this virus may come back; often the ones we see at the end of our flu season do tend to come back next fall. We are putting together plans for continuing surveillance on this flu virus this summer and start it up very quickly in the fall. We may even need to add surveillance, so we can keep track of this virus and know whether it's going to come back, whether it's bad, etc.

There have been questions on the vaccine. They do have the seed stock for the vaccine that has been shared with the vaccine manufacturers. It is already too late to be included in next year's flu vaccine, as it has already started into its process of production. We do not know if this vaccine will be available this fall. They are working on it, they want to have one available and it is thought that if there is one, it will be a separate vaccine. It is possible that you may need two doses of the new vaccine to be fully immunized.

We are currently beginning to understand that the virus is less serious than what it was first thought to be, thus we are toning down our response. We are starting to put out guidelines to treat the response and this virus more like we would a serious seasonal flu. We are changing some of the infection control criteria rather than putting someone in a negative pressure room are now stating that you need to use respiratory protection. We are also changing our follow-up guidelines. We will not be following up each individual case any more. We will just be getting some basic data on cases, as we currently do with our regular flu system.

One of the things that happened through all of this, of course, was that the testing was previously only available through CDC. And there were limitations to the amount of tests that we could do. We were trying to do the testing that needs to be done; but only testing the people that meet certain criteria. We are looking at that now and hopefully by the end of the week we will be pulling back and doing more of what we do for seasonal flu.

4. Review of Substance Abuse Rules on the Release of Patient Records –

Dean Austin

This will be moved to the July Board of Health Meeting.

V. Old Business

A. Annual Orientation Refresher – Julie McMahon

The board agreed to move this to the July BOH meeting.

VI. New Business

A. Letter in support of Health Care Reform

The board discussed and approved several changes to be made. Once Director Newton has updated this, it is to be mailed.

VII. Next Meeting

A. Items for July 8, 2009 Agenda

1. Election of Officers
2. Annual Orientation Refresher - Julie McMahon
3. Review of Substance Abuse Rules on the Release of Patient Records - Dean Austin
4. Heather Adams
 - a) Confidentiality of the complaint process and investigation reports - a comparison of substance abuse programs and other licensed entities
 - b) Annual review to assure that IDPH is in compliance with code, administrative code, and the standards
5. Medical Home System Advisory Council
6. Prevention & Chronic Care Management Advisory Council
7. Health IT Plans (Electronic Health Information Advisory Council and Executive Committee)
8. Introduction to the 2010 Budget - Marcia Spangler

VII. Adjournment

At 1:31 p.m. 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